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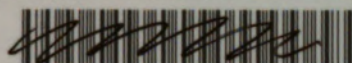
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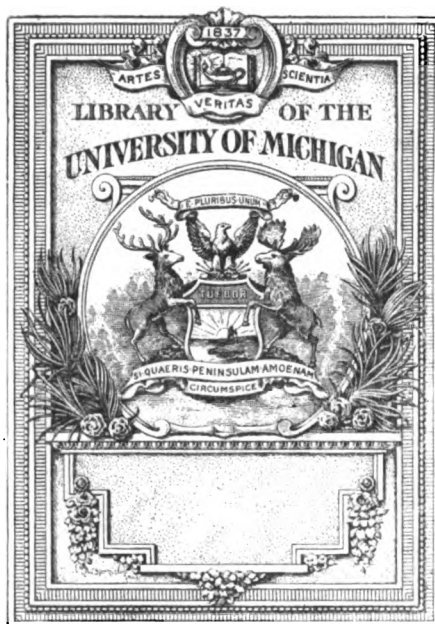
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ORIGINAL AND SELECTED ARTICLES.

CONVERSATIONS UPON THE PHYSICAL AND MENTAL HYGIENE OF GIRLHOOD.

BY T. S. POWELL, M.D.,

Professor of Obstetrics and Diseases of Women, and Lecturer on Medical Ethics in
the Southern Medical College.

At the urgent solicitation of some of my partial friends, or those who, I fear, over-estimate the value of my experience in the treatment of diseases peculiar to the female pelvis, I have consented to publish a few cases from my case-book.

Some of these I may report in the usual manner, and others in the colloquial style, as in this way certain facts can be more clearly shown, and grave errors more effectually combatted.

To describe conditions and give remedial agents are not sufficient in every case. The why and how these symptoms and conditions arise must be fully understood, as they frequently determine the real cause to be very obscure.

To treat the diseases of females successfully, the physician should not be content with only a knowledge of their accumulative effects, but should thoroughly understand all their initial causative influences.

As most of the diseases of females have their origin in general anæmia, and in local hyperæmia, I will report first a few cases in that

form, and in a dialogue, for the reasons to which I have referred.

Mrs. L. M., a very intelligent and cultivated lady, commenced this conversation by saying :

“ Doctor, I have sent for you to talk with you about the condition of my daughter Mary. She has always been rather delicate, but we did not think her health sufficiently endangered to require special medical treatment, until about eighteen months ago. Since then she has been treated by several physicians ; was attended by them consecutively before we came to this city ; she has had no medicine, though, for five or six months, and I believe she is declining every day. We feel that something must be done to benefit her soon, or it will be too late, and we desire you to examine her condition carefully, Doctor, and tell me candidly if you can cure her.”

Doctor—“ Well, madam, I will give your daughter’s case a careful investigation, but whether I can cure her or not, I do not know. You remember Moses lost the promised land by saying, ‘ I ’—thus taking credit to himself that should be given to God.

“ I have made it a rule, ever since I have been practicing medicine, never to say I could cure any one. I do, however, often refer to cases where patients have been restored to health, under my treatment, by learning the true cause of the disease, and using my best judgment in the adoption of remedies for its eradication. I am never satisfied with giving my patients only temporary relief. Dr. Rush said disease was a lawless enemy, and should be watched day and night. I think he is correct, especially in regard to female diseases. Physicians, therefore, should never experiment upon effects or symptoms, and allow causes to remain. To consider the symptoms of a disease alone is often a fatal error. These can never exist without a cause, and this cause I now propose to investigate in the case of your daughter, and, if possible, remove it at the earliest reasonable time. Suppose you bring Miss Mary in, and let us both talk with her frankly and cheerfully.”

Mrs. M.—“ Very well, Doctor ; I will be glad to have you see her.”

The young girl being called in and introduced, is received with the kindness and courtesy of a welcome and trusted friend.

Doctor—“ And, now, Miss Mary, take a seat here near your mother and myself, so we can talk pleasantly to each other. Your mother and I have been speaking of you a good deal this morning.”

Patient—“ Yes, sir, I suppose so. Mamma has been very anxious about my health for some time, and not altogether without cause ; yet I hope and believe I am not so ill as she seems to think I am.”

Doctor—“ That is true ; and while your mother has great reason to feel anxious about your present condition and future health, I am glad to say that your general appearance to-day does not impress me with the opinion that your case is so very serious at present.”

Mother—"Do I understand you to say, Doctor, that though Mary's condition is not so serious just now, it may become so in a short time, if not attended to properly?"

Doctor—"Yes, madam, that was my meaning. How old are you, Miss Mary?"

Patient—"I will be fifteen the 10th of next month."

Doctor—"Are you going to school at present?"

Patient—"Yes, sir; I have not missed more than a month from school in several years, only during vacation."

Doctor—"Then you are fond of your studies?"

Mother—"Yes, Doctor; until her health began to decline it was impossible to keep her from school, rain or sunshine. She was very ambitious, and generally stood first in her class. But for sometime she has been depressed in spirits at frequent intervals—seemed to become discouraged, and has fallen behind in her class."

Doctor—"How much do you walk every day, Miss Mary?"

Patient—"Not much—I have so little time. I walk to school in the morning and back in the afternoon. I then eat my dinner, study my French, or some other lessons, and then practice my music until about sunset."

Doctor—"I think I will soon discover the cause of all Miss Mary's ill-health, and the reason for these strange and unpleasant symptoms."

Mother—"I hope you will, Doctor; and I think I begin to see myself where the difficulty lies. I am satisfied that my daughter's physical and mental capacity have both been overtaxed."

Doctor—"Yes, madam, that is very evident, and either will prevent a full and healthy development of body and mind. Many of our loveliest young girls, with brilliant prospects, die prematurely or live out miserable lives for the want of proper care and attention while passing from girlhood to the threshold of woman's maturity. From twelve to sixteen years is the most critical period in the life of every girl, and if she is not properly prepared for the very important transition, serious damage to both body and mind will be the result.

"It requires blood, muscle and nerve-force to effect perfectly the natural changes of that period, and these can only be secured by proper hygienic measures, such as nourishing food, enough bodily exercise of a suitable nature, plenty of refreshing sleep at night, and sufficient mental rest."

Mother—"If you are correct, Doctor, and I believe you are, it is not surprising that so many bright, happy girls die early, or live to become sickly women, and not perfectly developed in mind or body."

Doctor—"If I had the time, my dear madam, I could give you the history of a large number of cases that have come under my observa-

tion in the last thirty years, varied, of course, more or less, in symptoms and effects; but the distressing ill-health of all the patients, and the premature death of many, were caused by impoverishment of the blood, and consequent nervous exhaustion, both resulting from unnatural taxation of the physical and mental forces. The same unhappy results are also often brought about by unhealthy excitation of the emotional nature, which is produced by young girls being admitted too early into social circles, and allowed too much reading of sensational novels, love-sick stories, etc."

Mother—"If we mothers are too ignorant and thoughtless, Doctor, as I believe we are, to prevent these errors in the education and management of our daughters, do you not think that every family physician should so thoroughly understand his profession, and individually perform his duty, as to teach us how we can rear our children so as to avoid all these sad results, and instead to become perfectly developed in body, mind and spirit, as I believe the Creator intended they should be?"

Doctor—"I certainly do. But, my dear madam, in the first place, very few families, compared with former times, acknowledge that they have a family physician. They are too independent, and too much affected with the disease of the age for change and novelty. But in their frequent changes of a physician, if they do employ one who was instructed in the old school, where both head and heart were educated for the profession, and he feels it his duty to give such advice as will prevent illness, and most likely secure health, as well as prescribe the best remedies for the cure of disease, he is often laughed at, and set down as an old-fogy, unacquainted with the laws of modern society, and wanting in due deference to the opinions inculcated among so many of its members, and born of false pride and ignorance of some most vital questions. This state of things forces many of our skillful physicians to observe these laws of our social circles so detrimental to health, and to cultivate a desire to please where it is their first duty to instruct."

Mother—"I think you are again right, Doctor, and such a state of things in both society and schools is disgusting to sensible and intelligent persons. Our children had better have no education if it is to be gained at the loss of health, usefulness and happiness."

Doctor—"But these evils are not necessary accompaniments to the acquisition of even an accomplished education in its highest and truest meaning. The best and most thorough instruction can be acquired in perfect harmony with the laws of health, and fullest development of mind and body.

"When you ladies of fashion determine to conduct society upon Bib-

lical principles and natural laws, you will find that its assemblies will be instructive and truly pleasurable, as well as conducive to the health and happiness of your daughters.

"I would make some explanatory remarks here in reference to this subject, but my engagements this morning will not permit me to do so. Let us return to Miss Mary's case."

Mother—"Very well, but I see she has left the room. Shall I call her again?"

Doctor—"No, madam, it is not necessary; I only wish to ask you a few more questions.

"How is your daughter's appetite?"

Mother—"Not good. It has not been for eight or ten months—ever since she ceased to menstruate. I have not been able to get anything she seems to relish, and of sufficient nourishment. Sometimes she has a great craving for things that we know are injurious to her health—such as pickles, preserves, vinegar, and similar things."

Doctor—"It is a self-evident fact, that if it requires blood and muscle to effect the transition from girlhood to womanhood, this important change cannot be successfully accomplished on preserves, pickles and candies, especially if the girl attempts to master mathematics, natural science, ancient and modern languages, music and other fashionable accomplishments."

Mother—"I have already occupied too much of your time, Doctor; but do tell me what is Mary's disease, and if you believe she can be cured?"

Doctor—"I do not think your daughter has any local organic disease, but her ill health is a general disorder of the physical functions, known by physicians as Anæmia, which means that the supply of nutrition is not sufficient to meet the wants and demands of the system, and bring about local development and the natural action of local functions. Thus you perceive that this general disorder is sometimes caused by the want of food suitable in quantity and quality, and sometimes by exhaustion of the nervous forces—the power that propels the blood in its natural channels throughout the entire system, conveying and distributing the nutrition necessary to maintain the vigor of each organ. Therefore, to be successful in removing the causes of this class, or expression of disease, the treatment must be made to give tone and strength to the digestive and assimilating organs."

"To do this a combination of such remedies must be used as is best calculated by its therapeutic effects, in connection with proper diet and exercise, to restore the general system to perfect order.

"As the first step towards the treatment, I will now give you this prescription :

" R Elixir of calizya.....	3 ij
Pepsin.....	3 ij
Tinct. nux vomica.....	3 i
Sub nit. bismuth.....	3 i
Phosphate of iron.....	gr. xvi

" M. Sig. Give one teaspoonful just before each meal in a wine glass of water. Also one or two tablespoonsful of saturated solution of chlorate of potash between meals.

"The solution is made by adding two ounces of potash to one pint of water."

Mother—"Is the medicine unpleasant to take?"

Doctor—"Not very. I do not think Miss Mary will complain of its taste, but I fear she will very much object to the rest of my prescription, and before I give it you must promise me to see that it is strictly carried out."

Mother—"I promise you I will, Doctor, for I am satisfied Mary cannot live long in her present state of health, and I am fully determined to have strict obedience to your prescription and instructions."

Doctor—"I thank you, madam, and now give me your attention, if you please. First, your daughter must be taken from school and must also give up her music lessons until her health is restored; she must not be allowed to touch the piano. There is no exercise, either mental or physical, performed by young girls, that sooner or more certainly exhausts their nerve power than playing the piano too frequently and at too early an age. How often we see these little girls, even in their teens, with flat chest and undeveloped physical capacity, and hear them say: 'Oh! how my wrist and back ache! They feel like they will break to pieces.' It is torture, cruelty to confine a child or young girl at any task that causes mental or physical pain, and of course it is injurious to their health. It will ultimately destroy the bright and constant buoyancy of spirits, and the vigor and elasticity of body that should characterize children and young womanhood, and which is really their natural condition if they were born of healthy parents and have been properly bred from their early infancy."

Mother—"I never looked at it all in that light before, Doctor, and I begin to see more clearly how ignorant we parents are in regard to the proper rearing of our children, especially our daughters."

Doctor—"That is true, madam, but let us hope that parents will begin to educate themselves fully upon this subject.

"To return to my prescription. Your daughter must take more outdoor exercise; walk and ride more in the open air, not only for the muscular exercise, but that the whole system may receive a better and greater supply of oxygen. This will make more food necessary, and

consequently richer blood will be made, and improved health will follow. Physical exercise can be of but little or no advantage if the mind be exhausted by study. It is an important truth that exercise *per se* does not increase muscular force but really exhausts its powers. Physical exercise is only beneficial to that extent which increases the appetite and aids digestion, so that the system will daily receive a large per cent. of strength, and the exhaustive process requisite to bring about this increase of appetite and activity of the digestive organs should be closely observed. That your daughter may be benefitted by outdoor exercise upon scientific principles, I would be glad if she could spend a few months in the country."

Mother—"Mary will like that, I am sure. She has an uncle living at a beautiful country home, and he has several daughters who are anxious for Mary to spend a month with them."

Doctor—"That is well, madam; let your daughter make the visit, if possible; and be careful to see that my advice, as to medicine, diet, exercise, etc., is strictly followed."

Mother—"You can rest assured, Doctor, that I will carry out your directions in every particular. If you are not in great haste, I would like to talk with you a little longer. I got the idea from some of your remarks that many of the diseases or disorders of girls about the age of puberty, are caused by both body and mind being over-taxed before and during this critical period, and also by improper food and drinks, frequently in the way of unsuitable and hurtful condiments. Mary is not only very fond of pickles, sauces and vinegar, but uses more salt and pepper with her food than any child I ever saw. Do you think that is a natural taste, and is it hurtful or beneficial?"

Doctor—"Salt is a natural stimulant to the digestive organs, and a desire for a moderate quantity is not only a normal appetite, but is beneficial, and indeed indispensable. A small portion will promote digestion—an immoderate quantity will destroy it. I have seen reported a few distressing cases of indigestion that was supposed to result from the parties never using salt with their food, and on the other hand, I have known dreadful diseases produced by the use of salted meats. But it is proper to say in this connection, that perhaps it was not the salt itself in a healthful proportion that caused the disease, but the chemical change that had taken place in it, and produced by the combination of the salt and meat together.

"Why or how these chemical changes that make the meat unwholesome, frequently and positively poisons, is not known, but they are supposed to be caused sometimes by the meat being so often packed and unpacked, shipped and reshipped, and perhaps, also, to some extent, by the poisonous air of the storage rooms in which the meat

remained so long, absorbing the impurities of an atmosphere that decaying vegetables and other matter made foul and noxious. In the country, the food is plain, sound, and in a natural state, consequently is more nutritious. The hams, and in fact, all meats, breads, vegetables, fruits, butter and milk are fresh and sweet—free from chemical changes—therefore, you seldom see meningitis, and cases like Miss Mary's among the country people."

Mother—"Doctor, you certainly don't mean to say that meningitis is caused by eating bad food?"

Doctor—"I do, madam. A large majority of the cases that have come under my observation I could trace to bad meal, spoiled meats, stale vegetables and poultry. In my native State, Virginia, the bread corn was selected and both ends were *nubbed*, a word I do not think is found in Webster's dictionary, but which means to shell off the unsound grains of corn on both ends of the cob for the pigs to eat, while the pure and fully matured grains were reserved for meal.

"No one was ever known to be sick from eating bread made of such meal as that. But in this fast age of progress the large ears of corn and the nubbins, the sound and the unsound, are all thrown in and shelled together, and ground into meal for the public. One-eighth of such meal is a slow but sure poison, often causing meningitis and other nervous diseases, that people have in *these days*.

"But what do the dealers care? People must have bread, and the dealers get their money all the same, poison or no poison."

Mother—"This is dreadful Doctor, but why do the proper authorities permit the sale of such articles of food?"

Doctor—"For the simple reason, madam, that for the last sixteen years, especially, our men have eaten so much tainted food they have neither the courage left to redress so great a wrong.

"They fear it will offend some of their *dear* constituents, who, perhaps, by virtue of their unlawful business, control forty or more floating votes.

"There will never be the proper legislation upon this question until the people inform themselves upon it intelligently in all its aspects, and then put men in authority who have proper views of the physical and moral welfare of the people, as well as their civil control and interest. No man can have these views and the principles to make laws for the health of the people, who wrangles for an office and desires to fill it only for its distinction and temporary emoluments. This, of course, madam, I say playfully, but still I think you find in it more truth than poetry.

"As is the custom in France, in every town and city in this country there should be a board of food inspectors, governed by stringent laws

in regard to the food put upon the market for sale. Massachusetts has already set us the example in this important branch of legislation, and deserves honor from all the country for taking the initiatory movement. No human organs of digestion can make good nutrition out of unsound food. Do you know, madam, that it requires good food to make a good character as well as to give physical and mental power? This being the case, any intelligent person must see how very important it is that the food material sold to the public should be pure and wholesome. But I must leave you now, and these questions, until my next visit. I will call again in eight or ten days. Good morning, madam—I doubt not I shall find your daughter better and yourself in good spirits when we meet again."

(TO BE CONTINUED.)

RANDOM NOTES ON SIMPLICITY OF FRACTURE-APPARATUS.

BY WILLIAM H. MORSE, M.D.

One of the most patent axioms of surgery is that fracture-apparatus shall be such as will the best assist nature in procuring reunion of osseous integrity and in preventing deformity. The idea has obtained that it makes little or no difference what apparatus is used if it is of a character that will serve the ends for which it is employed. Out of this idea others corollary to it have been framed, until the opinion prevails that everything, from the bandages to the bed, must have some certain elaboration. As a consequence, the market is full of patented apparatus, beautiful in theory and often excellent in principle; and every surgeon has some favorite splint or plaster, or exerts himself to invent one.

It was my privilege in my student days to read the works of Gross, Hamilton, Erichsen, Bryant and others, each discussing different apparatus, all elaborate and some complicated. At the same time I had the pleasure of receiving the teachings of Dr. John Swinburne, of Albany, who, as all know, is an apostle of simplicity in fracture-apparatus. In the text-books I read of many vexed modes of treatment, and from Prof. Swinburne's lips I heard the advocacy of simplicity. Out of college and in practice I found that it was impossible to serve two masters. Bewilderment came with my first fracture-case, and I found it difficult to make a choice from among many splints and many modes of treatment. Like all other physicians, I had to learn that the instructions of text-books are good in theory, but all too apt to be poor in practice.

I chose to adopt simple treatment of fractures as easier to carry out and as serving the best purpose, and not because I dissented from the ideas of the text-books, or because of any disparagement of the intentions of authorities on the subject. Nature is in love with simplicity. The theoretical horticulturist may graft a tree, and confine the scion

with patented appliances, and still not have the success that attends the labor of the farmer's boy, who, with string and grafting-wax, ties in and fastens the scion. The gardener, with patented and well-tried fertilizers, cannot always insure success in transplanting his plants. Nature prefers to name her own abettors. Yet no rational physician will condemn all fracture-apparatus. There are both good and bad to select from, but all of them are to be "well shaken before taken!"

What is simplicity in fracture-apparatus? The interpretation may signify one thing to one mind and something totally dissimilar to another. Extemporaneous appliances come the nearest to rigid simplicity. Splints that will the best keep the ends of the bone in connection, with simple arrangement of the bed and the principles of extension, are the essentials asked.

We know by the acquaintance of the text-books that there are the appliances of Hamilton, of Buck, and of others, and the physician trembles with awe of them, as does the boy who begins the study of Latin. To understand elaboration requires experience; to understand simplicity, unprejudiced discrimination is the only requisite. If simple methods of treatment will do that which is claimed for elaborate methods, and do it better, the physician can but exercise partial choice.

Notes of some cases, the treatment of which illustrates the employment of the principles of simplicity, will better give the meaning that I wish to show than mere detail can do.

CASE I.—*Fracture of the Femur.* Ann A. M., servant girl; age 27; in good health. Fell through a trap-doorway a distance of seven feet. Left femur fractured at the superior fourth; displacement considerable.

Treatment. Had a good mattress bed prepared; took a sheet for a perineal belt, folding it to a diameter of two inches; provided adhesive strips two inches broad; applied these spirally along both outside and inside of the leg, not over one another, but side by side, so as to obtain equal tension. At the foot a strip was doubled so as to provide a loop under the sole of the foot. These strips were fastened down by a roller, but on the occasion of the second dressing short adhesive strips were used in its place. The belt was secured to the head of the bedstead, and counter-extension was obtained by means of a cord passed through the loop of plasters beneath the sole of the foot and fastened to the foot of the bedstead. No splints were used, and the muscles and fascia took their place kindly. A bag of sand was placed at the foot to keep it from everting. The first extension was slight, but after ten days it was extended by degrees to its normal length. Union occurred nicely, and extension was continued for forty-one days. There was no appreciable shortening.

This is the "Swinburne method." There were no bandages or splints to embarrass the circulation, and besides affording perfect cleanliness, it was so that I could measure the limb daily. Dr. Swinburne has employed this method in cases much more complicated, where its advantages are much more conspicuous.

The foot of the bed is not raised, and no weights for greater degree of counter-extension are used. Yet in intra-capsular fracture these means are employed, and the resultant shortening should not be more than three-fourths of an inch.

CASE II.—*Fracture of both Tibia and Fibula.* A boy aged nine fell on the ice and fractured both bones of the leg.

Treatment. Provided a long and delicate splint (thirty inches long, two wide). To this attached a foot-piece, and in the upper end of the splint bored several holes. By the way, the splint was part of a clap-board ripped off the side of the house, and the foot-piece came off of the same board! The splint and foot-piece were secured to the outside of the limb by adhesive strips. Other strips were looped about the limb just below the knee, the loop touching the lower border of the patella on the anterior side. A cord was then passed through the loop, and carried thence through one of the holes in the splint above the knee-joint. Thus suitable extension was provided for. At intervals of five inches adhesive strips were placed around the leg to keep it in place on the splint. There was no great inflammation, else I should not have applied the roller strips until it had subsided. There was no self-displacement.

CASE III.—*Fracture of the Humerus.* N. B., aged 48: farmer. Fractured the right arm three inches above the elbow. I did not see him till several hours after the accident. Employed a long splint that extended three inches below the elbow and three inches above the shoulder, with holes in both ends. An axillary belt was used, and fastened through one of the holes at the upper end of the splint. Adhesive strips were passed spirally about the limb, and a loop formed at the elbow. Through this loop a cord was passed, and thence connected with one of the holes in the lower end of the splint. Extension and counter-extension were in this way procured. Circlets of adhesive strips two or three inches apart were used to confine the arm to the splint. The arm was flexed and a sling used.

CASE IV.—*Fracture of the Humerus.* A case similar to the above in many respects. Treated in the same way, except that a crutch-splint was put on the inside of the arm, its upper end padded by the axillary belt, and that tied over the shoulder. Extensive bruises on the arm necessitated this change of principles.

CASE V.—*Colle's Fracture.* A. B., shoemaker, in a drunken brawl fractured the left arm. A thin board, three inches wide, was used as a splint. This was placed on the posterior aspect of the forearm and provided with two compresses—one at the carpus and the other at the elbow. Adhesive strips were used to secure the splint in place, the application beginning at the elbow before the fracture was reduced. As soon as purchase was obtained there, the displaced parts were properly adjusted and adhesive strips applied at intervals from the elbow to the hand. Patient went on a prolonged spree a week after the accident, and exposure to a storm set up an excess of inflammation that delayed recovery. Usually in such cases I institute passive motion at the end of twenty days, repeating it daily for four weeks, when the splint is removed. I find it advisable in some instances to envelope the arm with bands of adhesive plaster after removing the splint. In this event the muscles act as splints, and take the place of the splint with the assistance of the adhesive strips.

CASE VI.—*Fracture of the Tibia just above the Ankle.* Thomas D., aged 30; mill operative. Saw patient with Dr. L. a few minutes after the accident that resulted in the fracture. The bone was partially

driven through the skin, and the fracture presented a complicated appearance.

Treatment as in Case II, except that it was necessary to elevate the limb by means of a cushion placed under the heel. The bed itself was better than all the patented splints in existence, as it kept the bone in place effectually. The limb was badly torn, and we found it advisable to cut the plasters several times the next day because of the pain and swelling. But new strips were supplied and the cord occasionally tightened until, on its perfect line of extension, the union of the osseous structure was complete.

CASE VII.—*Fracture of the Humerus at the Elbow.* This was a remarkable case. The patient, J. T., aged 18, was run over by a heavy wagon, the wheel crushing the elbow of the left arm. Examination showed that there was a fracture of both the forearm and humerus. The splint used was made "on the spur of the moment." Two strips of board, (shingles), one-fourth inch thick, and long enough when hinged by adhesive plasters to extend from the shoulder to two inches below the tips of the fingers, were used. It was fastened, while the arm was extended, by circlets of plasters, taking care to confine elbow closely. Forced flexion gave the required extension. I have never met with another case exactly like this. My practice is to have the hinge an inch above the elbow in a fracture of the forearm, and an inch below if the humerus is fractured. The plaster strips should be drawn as tight as possible and the forced flexion maintained.

Without any essential modification the principle of treatment in all these cases is that of Dr. Swinburne, whose description would be much more elaborate and lucid than is mine. In all that the phrase means this is simplicity in fracture-apparatus exemplified. With its employment I am glad to say my success is invariably excellent, all conditions being in ratio. The same cannot be said in my experience with any patented appliance. Bandages I rarely employ, as I do not consider that their use is always of advantage. They obstruct circulation, tend to create extra warmth, and prevent thorough examination. I always limit their use, and at the same time employ all of the adhesive plaster that is in any sense necessary. A clapboard, a shingle or a lath furnishes all the splints required; and any physician can find a suitable piece of board for his purpose.

Undenially there are good manufactured splints, but the country practitioner, who needs all of his scanty earnings for bread and clothing, cannot afford them. Nor can he afford to be so retrograde as to carry an armful of shingles, as did the fathers. A roll of adhesive plaster, a knife and a good stock of wits is all that a physician needs to carry when summoned to attend a fracture case.

I would that the "Swinburne method" was better known. I would that simplicity was in the place of elaboration. The best measure of success has attended the use of these means, and the profession waits for the man who will in terse and vigorous language defend a course of treatment that he can ably describe, and which receives a blessing of benignant Nature.—*Louisville Med. News.*

IMPOTENCE.

BY SAMUEL W. GROSS, M.D.

GENTLEMEN: We will consider this morning a subject that is very badly understood and treated. Impotence, or inability to perform the sexual act, may be relative or absolute; its treatment has been entirely empirical, and the sufferer discouraged by the pooh-poohs of one physician, goes to another, and so on indefinitely, until he falls into the hands of one who appreciates his condition, treats him properly, and cures him. In the Medical and Surgical Reporter of May 5, 1877, there is reported a paper I read before the County Medical Society, bearing the title "On Sexual Debility and Impotence, etc." In this article I divided such affections into four groups, based upon personal observation of eighteen cases, fifteen resulting from masturbation, and three from gonorrhœa. Since that time I have had seventy-nine more; the whole statistics show thirty to be the result of clap, sixty-six of masturbation, and one of excessive coitus. I asserted in my paper, that in sexual exhaustion certain lesions were always discoverable in the urethra; and with the additional experience of the last three years I fully corroborate the statements I published May 5, 1877.

What are the lesions present in impotence? We expect to find hyperæsthesia in all cases in the curve of the urethra, that portion which embraces the prostatic, membranous, and one inch anterior to the triangular ligament. Not infrequently a stricture is present. The groups of cases are arranged as follows: The first are those in which the erections are imperfect and the ejaculations are premature, but the sexual desire remains. Of eighty-seven cases which came under my care, sixty were the result of masturbation, and twenty-seven the consequence of gonorrhœa. This constitutes the most frequent group or class, ninety per cent. of all my cases having been of this kind. We have had several illustrations of premature ejaculation with imperfect erection, but with unabated desire, before you during the course.

At our last meeting, you will remember, I showed you a man who, for the last eighteen months, had been impotent, and though denying masturbation, presented such physical evidence as justified us in concluding that he was an onanist. This group is not only the most common, but also the most easily managed. In the article referred to, I say that the "condition known as spasmodic spermatorrhœa, or spermaspasmos, in which emissions occur simultaneously with erection, or after its partial subsidence," may be classed with the first group, because it is also due to increased excitability of the spinal cord. Here is a case: A clerk, aged thirty, brought me, on the 12th of March, a specimen of his urine to examine. He never had gonorrhœa, but masturbated from his 16th to his 21st year. For the past three years he has been impressed with the idea that his nervous habit had weakened him, and it was constantly on his mind. His genital organs were well developed; there was a constant sticky feeling at the meatus, and whenever he passed an evening with the lady upon whom he had fixed his affections, he had an erection with simultaneous ejaculation. There was hyperæsthesia of the prostatic urethra with a stricture, calibre 17,

6½ inches from the meatus. Thus two classes of cases seem to be due to increased reflex sensibility of the spinal cord.

The second group is where the desire is not abolished, but there is no erection, and coitus is impossible. Four such cases have come under my observation, two from clap and two from masturbation. In this variety of the affection the patient fails to get an erection, and intromission is therefore impossible. This condition is beautifully illustrated by case three in the article already referred to.

The third class of cases have neither ability nor desire, but there is superadded mental impotence, hypochondriasis, which is often beyond remedy. I have met with but two cases, and they resulted from masturbation. One case is briefly as follows: A student of medicine, aged 24, had masturbated from his 16th to his 22d year, and from that time had nocturnal seminal losses on an average twice a week. I saw him in May, 1875, when he told me that he had lost all desire, and had been unable to command an erection for three months. His mind was constantly dwelling on his trouble; he was the victim of sexual hypochondriasis; had a slight urethral discharge, which I demonstrated to him not to be spermatic fluid. I discovered a stricture, calibre 17 at 5¾, and found marked hyperæsthesia. The patient went with me to the sea-shore, and after three weeks of treatment his mental anxiety was calmed, and he had good erections. Upon his own responsibility he desired to test his sexual abilities, but with the erection had an almost instantaneous emission. This imprudent act voided all the good that had been accomplished, and he became a confirmed hypochondriac.

The first class of cases are those of diminished spinal reflex action characterized by tardy emissions, sometimes none at all. This condition has been called aspermatism. The following cases exemplify this state of affairs: A shoemaker, 20 years old, has masturbated, on an average, once every night from his fifteenth year up to three weeks ago, when he became alarmed at reading a book on self-abuse, which had fallen into his hands, since which time he has abandoned the habit. For the past eighteen months he has noticed in masturbating that it required at least five minutes to produce an emission, and six months ago, on having sexual intercourse, ejaculation did not recur for quite half an hour. He had a stricture 5½ back, calibre 19, with hyperæsthesia of the canal. I have notes of other cases of this class, but I will say that two out of every three cases of this kind are due to masturbation. I had intended to show you a colored man, a teacher, aged 22 years, who had no ejaculations during sexual congress: he would frequently continue the act of copulation for half an hour and longer without an emission occurring; but, hearing that I would expose him before the class, he disappeared. In the case of a gentleman from New York, no matter how long he remained or persisted in the venereal act, he could not have an emission. These cases show diminished reflex spinal excitability, and should receive your earnest attention.

No book tells you how to treat these cases, and I take not a little credit to myself in having first distinctly and clearly pointed them out. I have repeatedly stated to you that stricture is a not infrequent consequence of masturbation, and I framed my assertion upon personal observation, which taught me that these strictures were of large calibre,

and in 77 per cent. single, 15 per cent. were in the first inch of the urethra. In order to extend my experience, I visited the Almshouse and Dr. Kirkbride's. From the experience and information these investigations gave me, I read a paper in Chicago, in which I cited cases as follows: All the subjects were too young when admitted to the children's asylum to have acquired gonorrhœa, and were removed from any possible contact with females; they were found, those who were idiotic, insane or epileptic, in the insane department under constant surveillance, yet, in spite of all, they were prodigious masturbators. Exploration of their urethræ showed strictures and marked hyperæsthesia. The use in knowing that stricture can and does follow onanism has a practical bearing, for you will not be led to believe that because a patient tells you he never had gonorrhœa that he has no stricture. How can you cure these cases? Remove the causes, overcome the hyperæsthesia, cure the stricture, and correct the constitutional abnormalities. For three purposes we employ bromide of potassium: to overcome the acidity of the urine, obtund the sensibility of the mucous membrane of the urethra, and keep the sexual desire, for the time being, in abeyance. The bromide of camphor is also a valuable drug. Let the patient avoid women, and tell him not to excite his sensual appetite; let him abstain from malt liquors; but if he must drink, a small quantity of whisky or port is less injurious. He is to sleep on a hard mattress, and relieve his bladder as soon as cognizant of its distension. Horseback exercise and riding in carriages or cars must be avoided. The introduction of bougies is the best local treatment. Every fourth day the bougie should be inserted, and at the end of four introductions a size larger may be employed, and it should remain a little longer in the canal. If a stricture exists, remove it by an incision. Sometimes functional heart troubles complicate your case; here digitalis, in an infusion, which I believe is the most reliable way to give it, or digitalin, 1-60th gr., may be ordered as often as the case demands. When the subject is plethoric, give him the antimonial and saline mixture; but when he is anæmic build him up. Never use aphrodisiacs. Cantharides, damiana, belladonna, have an action similar to alcohol; the secondary depressant action of these agents exerts a most pernicious effect upon your case. Guard your patient against experimenting; and, if he is about to marry, let him be careful not to exceed a very moderate number of sexual performances. Having now finished the motor, sensory, and secretory neuroses resulting from urethral disease, we will proceed to the study of the venereal affections.—*Medical Bulletin.*

BREAK-BONE FEVER.

A mild epidemic of this disease has prevailed in Charleston, S. C., during the past summer, and Dr. F. Peyre Porcher furnishes a report of it to the National Board of Health Bulletin. Although extensive paving had been done in the city, the fact that the disease occurred in sections of the country where such a supposable cause was out of the question leads Dr. Porcher to refer the cause to "general and wide prevailing atmospheric influences."

The symptoms vary exceedingly—some being present and some absent—as follows: The disease generally begins with a feeling of coldness, or by a chill, followed by a fever—this, with a temperature ranging from 100 to 105°, lasts generally from twenty-four to forty-eight hours, occasionally extending to four or six days, and even in rare cases to seven. Relapses occasionally, specially in those who have gone out too early. Headache frequent, generally frontal, from the beginning. Miliary eruptions, sometimes elevated and red, like measles, and the occasional presence of sudamina over the face, neck and body; sometimes the eruptions were confined to the body, and endured for days after recovery. In some cases there was slight desquamation—furfuraceous or branny in character. Sweating profuse in many persons, though *often absent*. Hence some physicians are inclined to consider the disease to be *suetle miliare* of a mild form. “Break-bone” is the best name, because pain in the bones and limbs is the most constant symptom. There is often great restlessness during the fever, and in some a feeling of tightness or congestion about the throat, with bleeding in a few cases known to us. Catarrhal symptoms are rarely present, although cough has occasionally existed. Bleeding from the nose not unusual in children, and also increase in the menstrual molimen has been observed. Pain in the back and limbs markedly present, but no decided swelling of joints, no carbuncular enlargements or boils, as in the epidemic of dengue, of forty years since, or in that of “break-bone” which followed some years subsequently. Weakness and prostration have been very decided, but not nearly to such an extent as in previous epidemics. Some of the physicians consider that there has been a tendency to hepatic torpor or congestion, of no great severity, however. There have been no cases of decided jaundice. Nausea and vomiting seldom occur.

The disease does not affect all the members of the household, oftentimes only one or two being seized, though six have been taken in one house; in this respect differing from the dengue, as described by Prof. Dickson, and from the epidemic of thirty years since. Then 10,000 were down; no one was well enough or strong enough to help his neighbor, and one had to learn to walk over again.

It is difficult to calculate the number who have suffered, as very many have not employed a physician; from 2,000 to 3,000, perhaps, approximate the number.

Very little active treatment has been used, the following being that usually adopted: A mild laxative, saline or mercurial, hot teas, nitre, pediluvia, sinapisms, etc., and quinine during and after the attack, upon theoretical grounds, with occasionally mild stimulants. Several persons have recovered with no treatment whatever.

It has prevailed among both races, perhaps equally, and not a single death is ascribed to this disease as far as reported. The only disadvantage which accrues to those who take it is the time lost and the temporary pain and weakness from which they suffer.

A FRENCH physician recommends the treatment of burns with oil of turpentine, covering the place with gummed goldbeater's skin.—*Boston Journal of Chemistry*.

GASTROTOMY OR GASTROSTOMY

BY L. L. STATON, M D., OF N. C.

I wish to place on record the particulars of a case which recently came under my care, considering it (as I do) to be the duty of every physician and surgeon to contribute his mite, however small and in-



glorious, to the relief of suffering humanity, and to advance the interest of the noble profession to which I have the honor to belong. The

case to which I allude is unique in many respects, and of quite rare occurrence, and I find only a few cases mentioned in the standard authorities, and the medical periodicals of an extensive library to which I have had access through the courtesy of a medical friend, and notably among these few cases, is that of Dr. F. F. Maury, of Philadelphia, *American Journal Medical Science*, April, 1875, page 365, the first case of gastrotomy performed in this country for stricture of the œsophagus, the patient surviving the operation fourteen hours. I am quite aware that the cases have been few in which the operation ever proved a permanent benefit. The operation has been justified, but has never met with that success which we should have expected; and I fear that it has been too often the case that patients suffering from stricture of the œsophagus have been allowed gradually but surely to starve to death. The dangers of septicæmia are now to a great extent obviated by Lysol's antiseptic method, in consequence of which one is now very much encouraged to undertake operations of the gravest character. The question as to the value and benefits derived from the operation will be partially answered by the following case:

The patient, Lewis Lyon, colored, a boy eight years of age, was brought to me by his father on the first day of June, 1880, at which time the patient was almost dying of hunger on account of a cicatrized stricture of the œsophagus, the result of drinking, by mistake, a large quantity of a solution of commercial concentrated lye (solution caustic soda), in August, 1879, which had so completely and gradually closed the œsophagus, that he could not then, June 1st, swallow anything, nor was I able to get the smallest bougie through the stricture. He was very much emaciated and so weak that he could not raise himself when down; but could stand if placed upon his feet. After exhausting all the means at my command for dilating the stricture or obstruction, which was found to commence about three inches from the gullet, (the extent of which it was impossible to ascertain), and failing to pass even the smallest bougie, I was fully convinced that gastrotomy was the proper course to pursue. The condition of the boy was such, that I gave to the father a very unfavorable prognosis, but advised an operation as the only means of relief, and that a barely possible one. The patient was in the habit of chewing every particle of food he could obtain, but without any attempt at swallowing, spitting it out as soon as well masticated. He had been kept alive for the last few months by enemata, and by rubbing the skin with cod liver oil. Here we have a case of aphagia rendering death imminent by inanition, and I determined to give my patient his only chance.

On the 17th of June, 1880, with the assistance of two of my medical friends, both concurring fully with me in the justification of the operation, after having administered chloroform, I proceeded to divide the skin for two and a half inches in a diagonal direction, from right to left, under the cartilaginous portion of the eighth left rib, and as near to the sternum as possible, but a finger's breadth from the median line. The walls of the abdomen being very thin, were divided in the same line without hæmorrhage. I did not follow Amusat's plan, or the operation advised by Sedillot in gastrotomy; but proceeded as here described (with the approval of the gentlemen present) as being the most feasible under the circumstances. I then carefully introduced two

fingers to examine for the stomach, and coming in contact with a hard and seemingly solid mass, that felt more like a fibrous tumor than a stomach, I drew it through the opening in the abdominal walls, and found it to be the organ in question. It was firmly contracted, about two and a half inches in length, and about one and a half inches wide. With the view of making a permanent fistula, I made an incision about three-fourths of an inch long, parallel with the long diameter of the viscus, near the smaller curvature as advised by Prof. Verneuil, of Paris. The organ now being external to the person of the patient, I easily introduced into it one end of the tube (inner flange), and returned it within the abdominal cavity, securing the outer flange by means of a silver wire, until I could close the incision and make firm the surroundings by means of silver wire sutures. The hard rubber tube used, which I had made to order by Messrs. Reynolds & Co., of New York, presents much the appearance in shape and length of the small wooden spool upon which sewing cotton is wound, each end (flange) being larger than its central diameter, which is three-eighths of an inch, smooth and highly polished. The object of the inner flange being to insure its retention within the gastric opening; and of the outer flange to prevent its being drawn within by the violent contractions of the viscus. From the tube, leads a soft rubber pipe about one half of an inch in diameter with a hard rubber mouth-piece attached, making an artificial œsophagus. The steam atomizer, with carbolized water, was in constant requisition, disinfecting the instruments, my hands, and the sponges used in the operation, which lasted an hour. One-sixth of a grain of morphia in solution was introduced by a small syringe, into the tube, the opening of which was then tightly closed by means of a common cork. A sponge was then wetted with the disinfectant, and placed over the wound. Patient recovered well from anæsthesia, and slept for two hours and a half, without complaining of pain. I then gave an enema of milk, raw egg and lime water, about 3ij., and then left him to the care of his nurse.

June 18th.—He rested quietly through the night, and on awakening called for something to eat, whereupon he commenced his usual chewing. I continued the enemata every few hours, and oiled the skin twice a day with cod liver oil, and at night gave an opiate enema.

June 19th.—Did not complain of any pain or tenderness. I then removed the cork to place some milk within the stomach through the tube; but did not succeed, as the organ seemed to be contracted over the inner mouth of the tube, as firmly as possible, and offered such a great resistance, that I began to doubt whether the inner orifice was in the stomach or not. However I obtained a large syringe, and forced about four fluid ounces of milk into the stomach through the tube, then corked it again tightly. In this way I gradually (each succeeding day) dilated the stomach until it began to absorb and digest the food placed therein. In the mean time, I continued the administration of nutritious enemata, such as milk, yolk of eggs, beef essence, etc., made as warm as could be tolerated, and oiled the surface of the body, freely with cod liver oil.

In a few days the patient began to show an appreciable increase of flesh, and a decided improvement of strength. However, he has not been able to digest the coarser foods, but is rapidly improving, and I

am now (August 18th), two months after the operation, feeding him upon substantial diet; first letting him chew it all, and then eject it into the stomach through the rubber pipe, made by Reynolds & Co., of New York.

The boy has recovered very slowly from his enfeebled condition; has never had any peritonitis—a most fruitful source of death after this operation—or inflammation of any of the tissues, save an unhealthy granulation around the tube which I controlled by the nitrate of silver.

Mr. Thomas Smith (case of gastrotomy) points out that with one exception, every patient who has survived the first three days after the



operation, had died of peritonitis. My patient came very near dying from an over quantity of grated ham and biscuit, three weeks after the operation. His bowels for the first few weeks, moved about once a week, but he is now, at the date of this paper, having a gentle action.

once a day. I sent a photograph of the boy taken before the operation, showing his impoverished condition, and another, showing the operation and the artificial œsophagus.

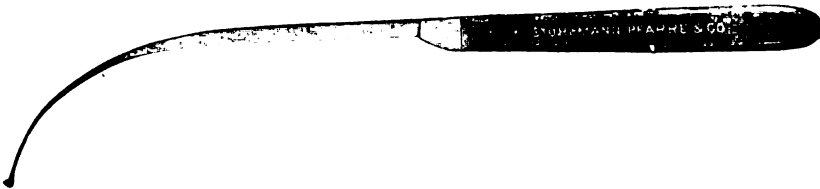
How he is nourished will scarcely require explanation. In feeding, the "œsophagus" is simply removed to the outside of his person, for it is rubber, instead of being muscular tissue. The boy, after thoroughly masticating his food, simply spits it through the tube into the stomach in a semi-fluid state. In this manner his life has been saved, and he is now independent of the stricture of the œsophagus. The benefits to him of the operative procedure by the mechanical means devised, cannot be overestimated.

The practical result of my case has been, unquestionably, the prolongation of life, which is the great desideratum of the medical man, and none the less, the desire of the patient; but whether the life of the subject of this report is "worth living," will be a matter which will be more easily, and perhaps more readily determined by Lewis Lyon, than myself.

Nous verrons. I have done my part.—*N. C. Med. Journal.*

A New Knife for Fistula in Ano.—Dr. Charles B. Kelsey, Surgeon to the Infirmary for Diseases of the Rectum, New York, in New York Medical Record, writes:

"In the operation for fistula, as ordinarily performed, the introduction of the director through the tract and bringing it out at the anus is the most painful step. The idea of the instrument represented in the accompanying cut was first suggested to me by seeing how often, in simple cases, the whole operation might be completed in an instant if the probe which is used to follow the tract in the first instance were only a knife, and if the director could be dispensed with; for, when once the probe is in the rectum, it may be brought out at the anus with little additional pain, and the parts are all ready to cut. With the instrument shown, it is often possible to operate without either, and



with no pain except that from a rapid cut with a sharp knife. The figure shows the instrument half size. It is simply a strong curved bistoury with a light silver probe welded to its end. There should be no shoulder where the probe joins the cutting edge. The knife, it is evident, is applicable to the simple cases of the disease.

"NOTE.—Since this was written, my friend, Dr. J. L. Little, has called my attention to a plate in Heister's "Surgery," published in 1768, representing a much larger, sickle-shaped knife, but made on the same plan as this and intended for the same purpose. As the instrument seems to have been entirely discarded and forgotten, however, I have concluded to introduce it once more to the profession."

ABSTRACTS AND GLEANINGS.

THE MEDICAL YEAR, 1880.

We extract from an article in *Medical Bi-Weekly*, the following resume of medicine for the past year :

The Porro operation does not seem to have sustained the character it temporarily secured during the year 1879. Two-thirds of the cases in 1880 have died, fifteen out of twenty-two; while in 1879, out of seventeen cases, ten recovered. The mortality has therefore been greater in this operation in this country than in the Cæsarean operation; only twenty-six in sixty-two after the Porro operation have recovered; while in the Cæsarean operation there have been fifty recoveries in one hundred and twenty operations. Emmet's views and practice have gained ground, and his followers have certainly largely increased. Battey's operation is yet sub-judice. There have so far been one hundred and thirty well authenticated cases, by thirty-six operators, all men of distinction—eighty-six recovered and twenty-three died after laparotomy; seventeen recovered, and four died after elytrotomy; a mortality of nineteen per cent. for the vaginal section, and a fraction over twenty per cent. for the abdominal; a joint mortality of over twenty per cent. Such mortality makes this operation justifiable only after all other means of relief have failed. The future must determine more clearly the nature of the cases in which it should certainly be performed. There is nothing of especial interest to note further in this department. The best men are patiently at work, and their future statistics will indicate the truth.

In general surgery the chief attention of the most prominent operators has been given to the question of Listerism. Bryant, Spencer, Wells, Holmes, Lister, Sir James Paget, MacCormac and many others abroad and at home have debated this question in lectures and with the pen, but so far the results are not entirely satisfactory. Enough has been demonstrated, however, to show that dogmatic expressions on the part of obscure and relatively inexperienced men are not only unwise but calculated to render them contemptible. When the problems unsolved are so difficult and intricate as to justify hesitation on the part of the wise, the distinguished and the great, it is not only ludicrous but ridiculous to see those too small to fill even a small chair, declare ex-cathedra their petty opinions and valueless predictions. Something positive and reliable, however, has been reached. It is true that Runke and Klebs have proved that organisms develop about and underneath antiseptic dressings, but Cheyne has proved that there are two kinds of organisms principally, the bacteria and micrococci, and that they are not interchangeable. He has proved that while bacteria are always associated with putrefactive changes, the presence of micrococci is not indicative of putrefaction or decomposition. And that while micrococci which are not indicative of putrefaction may be found under antiseptic dressings, the bacteria, whose presence indicates always putrefactive changes are never found where antiseptics

are freely used. The presence of micrococci after Listerian methods of dressing, therefore, does not prove any failure of antiseptics, for these organisms do not spring from putrefactive forces; but the bacteria organisms always to be seen where putrefaction occurs, are never seen when antiseptic dressings are efficiently prepared and adjusted. This is a positive advance. There is nothing else especially to be noticed in regard to general surgery in the past year.

Materia Medica has made no definite advances. Duboisia is slowly gaining its way as a mydriotic. Jaborandi, or its alkaloid, pilocarpine, is definitely accepted as a most valuable remedy in the inflammations of the serous membranes. Pisciatia crythrina, the Jamaica dogwood, has proved to be very efficient as an anæsthetic and hypnotic. The bromide of ethyl is generally now regarded as a dangerous agent for the production of anæsthesia. The many deaths occurring during the administration of sulphuric ether show that its much vaunted superiority over chloroform is not justifiable.

New Respirator—We call from Canada Lancet the following points of interest: In the field of general medicine there is nothing startling, though much that is interesting. Dr. Morell McKenzie has invented a respirator for the antiseptic treatment of phthisis pulmonalis. It covers both mouth and nose, and has a double breathing chamber for containing pieces of sponge saturated with a strong solution of carbolic acid or creasote. It is worn as continuously as possible, night and day. He does not claim that phthisis is cured by this plan, but that night-sweats, cough and impaired appetite are ameliorated. PicROTOXINE has been used with success by Dr. Murrell in the treatment of night-sweats in phthisis. One drachm, of a 1 to 180 solution, is added to eight ounces of water, and a teaspoonful given at bed-time. Pilocarpine was also used by the same investigator, in doses of one-twentieth of a grain at bed-time, with beneficial results. After the sweating is checked by this remedy it does not return for several weeks.

Fluid Extract of Ergot.—Dr. Jones, in the British Medical Journal, reports a case in which copious hemorrhage from the lungs, occurring in pneumonia, was arrested by fluid extract of ergot, in drachm doses, with one ounce of liquor ammonia acetatis, four times a day.

Abnormally High Temperature.—Dr. Donkin, in the same journal, reports some cases of abnormally high temperature. In eight cases under his observation, the temperature rose to 108° F., or above. In one case it was as high as 117°, yet all ended in recovery. In some a rapid fall took place, in others there was considerable sweating with the high temperature.

Desiccated Defibrinated Blood.—Dr. J. W. Teale also reports a case of rheumatic fever in a female in which the temperature reached 117° F. The use of desiccated defibrinated blood as an agent especially adapted for rectal alimentation, has been brought prominently forward during the past year. The blood thus prepared contains all the elements of blood, except water and fibrine, and is soluble in water below 160° F. A drachm of the dried specimen represents

an ounce of ordinary blood, and the quantity to be used in the course of twenty-four hours is from four to six ounces.

Alkalies in Anemia.—The use of alkalies in anemia has been brought forward by Dr. Nicholson, in an interesting article in the *Practitioner*. His theory is that anemia is frequently produced by hepatic disorder; that hepatic anemia is one of the most common forms, and that as alkalies, especially potash, have a beneficial action on the liver and tend to restore the blood to its normal character, they should be administered in place of iron in the treatment of anemia.

Chronic Dysentery and Diarrhœa.—Bichloride of mercury in minute doses has been found particularly valuable by Dr. Reed, (*Medical Times*, Philadelphia,) in chronic dysentery and diarrhœa. He gives several cases successfully treated by this remedy. Dr. Ralfe (*Lancet*), on the other hand, gives his experience of the management of chronic dysentery by the castor oil treatment. Bismuth hæmatoxylin and turpentine were also used in addition to the oil in some of the cases. He also lays great stress upon rest and strict attention to diet, as essentials to the cure of this disease.

Camphor and Chloral Hydrate.—Equal parts, have been successfully used to quiet unruly and sleepless patients, by Dr. Simmons (*American Journal of Medical Science*). In cases of violent mania, delirium tremens, etc., he has found the mixture capable of accomplishing what other sedatives failed to do. In doses of twenty grains, it will produce effects which are altogether beyond the reach of twenty grains of either camphor or chloral hydrate, in the same dose, to accomplish when administered alone.

Tonga.—Dr. Sidney Ringer, who has investigated the new remedy called Tonga, in use among the Fiji islanders, says that the fluid extract, in drachm doses, cured promptly six cases of neuralgia, improved the seventh, and failed in the eighth, only because the preparation had become inert. Large doses, as half an ounce, produced slight drowsiness in one patient.

Carbonate of Ammonia.—Dr. J. P. Thomas, in *Virginia Medical Monthly*, strongly urges the use of carbonate of ammonia in diseases of the respiratory system, and especially in pneumonia. His theory of its action is, that it prevents the accumulation of carbolic acid in the blood, by promoting oxygenation. It also renders the blood alkaline and checks exudation. He administers it in doses of twenty to fifty grains. He considers it a certain prophylactic in heart clot, and says that it has often prevented death from this cause in pneumonia.

Treatment of Lead Colic by Electricity.—A case of the successful treatment of lead colic by electricity is recorded by Rothe, in *Memorabil*. There was obstinate constipation, which strong purgatives failed to overcome. The negative pole of a Faradic battery was inserted in the rectum, and the positive pole over the abdomen, and a strong current allowed to pass for eight or ten minutes. Very soon after a copious evacuation of the bowels occurred, followed by amelioration of the symptoms and recovery.

"Peritoneal Surgery."—In reference to "peritoneal surgery" it is now the general impression among surgeons that in the present state of our knowledge and experience, exploration of the abdomen should be reserved for the most intractable cases of acute intestinal obstruction, the mortality so far not being less than fifty per cent. As confidence is gained in our means of diagnosis and treatment many patients that are now lost by delay may be saved. In chronic obstruction from cancer, tumors, etc., the utility of surgical interference is sufficiently proved by the results, and laparotomy, enterotomy or colotomy, may be had recourse to in suitable cases with a warrantable prospect of success. Rapid lithotrity with Biglow's improved aspirator has been fully endorsed by Sir Henry Thompson, R. T. Weir, and others. In cases in which difficulty has been encountered in removing the last few fragments, it is recommended to leave them to a future sitting rather than greatly to prolong the operation with a view to their immediate removal. This new procedure has, to a considerable extent, diminished the number of cases of lithotomy. Dr. Weir issues the injunction at the conclusion of his paper that only those who have had experience in lithotrity or who have made themselves familiar, on the cadaver, with this instrumental manipulator, should undertake the operation.

Intra-Uterine.—The subject of intra-uterine medication is still under discussion. Dr. Atthill, the great apostle of the frequent use of this method of treatment, still adheres to his practice, but has now come to regard carbolic acid as the safest and generally the most efficient agent. He uses a mixture of two parts acid to one of spirit or glycerine. He also speaks favorably of iodized phenol (iodine and carbolic acid), especially in endometritis occurring in old women. Some deaths have been reported from intra-uterine injections of perchloride of iron, one by Drs. Herman and Brown, in *Obstet. Journal*, Great Britain. The strength used was one to six, and the fluid was injected by a Higginson's syringe, to which a long uterine tube was attached. After a few syringefuls had been thrown up, the patient gave a faint cry, threw up her arms, turned pale, gasped for breath, and after a few inspirations died. A thrombus formed in the uterine veins and carried to the heart, was supposed to have caused the fatal result.

Venesection.—From the tone of the papers read at the different societies, and articles in the *Journals* of the "lost art" of venesection, it would appear that the practice is about to be revived, especially in the treatment of pneumonia. The abstraction of blood, is by most writers at present, regarded as of paramount importance to relieve engorged vessels, and prevent the effusions which always render the disease a grave one.

Jamaica Dogwood.—The use of Jamaica dogwood as a substitute for opium, has been highly recommended by those who have investigated its properties. It is more decidedly hypnotic than opium, produces no anorexia headache, and does not constipate the bowels or interfere with digestion. It acts rapidly, but its effect is less durable than opium, and requires to be given more frequently. The dose is twenty minims of the fluid extract every three hours.

Treatment of Cancer by Chian Turpentine.—Great prominence was given during the early part of the year to the treatment of cancer of the uterus by chian turpentine, brought forward by Prof. Clay, of Manchester, England. The remedy proved efficacious in his hands, and in the practice of a few others, but it has not been so generally efficacious in its effects as to warrant the high hopes at first entertained regarding its use. It seems, however, in most cases, to arrest the progress of the disease, and relieve pain, and, if given sufficiently early, may, in some cases, prove an effectual cure. It is best given in emulsion. One ounce of chian turpentine is dissolved in two ounces of pure sulphuric ether; to half an ounce of this ethereal solution, add four ounces of solution of tragacanth, one ounce of syrup, and enough water to make a sixteen-ounce mixture; the dose is two tablespoonfuls three times a day.

Otology.—One of the best papers of the year in otology is by Dr. Theobald, of Baltimore, on "The Scepticism Prevalent Regarding the Efficacy of Aural Therapeutics." He shows very ably the great progress, both in diagnosis and treatment, which has been made during the past few years; how little justifiable, by facts, are the assertions that ear-ache cannot be relieved except by bursting of the drum-head; that it is dangerous to arrest a chronic purulent discharge from the ear; that people grow out of otitis chronica, and that perforation of the drum necessarily leads to permanent deafness.

Boracic Acid in Surgery.—The use of boracic acid in surgery, has shown it to be a drug of greater power and wider range of applicability, than was formerly supposed. It is used with success on old sores and ulcers, both simple and specific, and also in the treatment of large suppurating wounds and abscesses it has been found of especial value. In ozena and otorrhoea it acts as a prompt deodorizer and alterative, lessens the discharge and promotes healthy action. As a lotion in chronic cystitis and chronic inflammation of mucous membranes in general, it has a decidedly beneficial action.

Introduction of Tracheal Tubes by the Mouth.—Dr. McEwen, of Glasgow, advocates the introduction of tracheal tubes by the mouth instead of performing tracheotomy, and gives several cases in which he has adopted this method with good results. He recommends their use not only in chronic but also in acute affections, such as oedema glottidis, etc. The respirations are carried on perfectly through them, the sputa expelled, and the deglutition effected while the tube is in situ.

A New Antiseptic.—A new antiseptic and anti-neuralgic has been brought under notice during the past year, named menthol, a crystalline solid derived from oil of peppermint. In some respects it resembles thymol. It destroys bacteria, and applied externally, relieves neuralgic pains.

Quinine with the Bromides.—Dr. Gray, in Archives of Medicine, gives his experience of the use of quinine, as increasing the sedative effect of the bromides, belladonna, hyoscyamus, etc. He thinks it also relieves the depression which these medicines usually produce.

Salicylate of Calcium.—The salicylate of calcium in the serous diarrhoea of infants has been highly extolled during the past summer, by Dr. Hutchins, of Brooklyn. He treated successfully twenty-seven cases, from two months to two and a half years of age, with this remedy alone. Other forms of diarrhoea, lenteric or inflammatory, required additional treatment. The dose was from two to five grains.

Ergot in Diabetes Mellitus.—The use of ergot in diabetes mellitus has been brought forward by Dr. Hunt, in the Practitioner. Dr. Pepper, of Philadelphia, was the first to suggest this treatment. The dose is one drachm of the fluid extract three times a day. The rationale of its action is not known, but it is supposed to act in some way upon the vaso-motor system.

Sponge Tents.—Dilatation of the cervical canal by sponge tents, laminaria, or tupelo, is now being more or less generally discarded, owing to the danger of sepsis, and either rapid dilatation or division of the canal bilaterally up to the vaginal junction used instead, where necessary.

Pilocarpin.—This, as is well known, is an alkaloid obtained from the leaves of jaborandi. It has already been referred to in the Reporter as exhibited in uræmia and albuminuria (July 3d, 1880). Dr. L. Von Hoffer, of Austria, has seen marked improvement in diabetes from hypodermic injection of one-third of a grain of the alkaloid.

Prof. Pick, of Prague, has given one-sixth of a grain of the muriate, once or twice a day, an hour after eating, and found it of some benefit in prurigo, pruritus and chronic urticaria; of little or none in eczema and psoriasis. A singular fact he noticed was its remarkable effect on the hair. It hastens recovery in alopecia areata, and acts even more favorably on seborrhœa; indeed, in most cases he says that continued use of pilocarpin exerted an important influence on the oiliness of the hair and on its growth. The skin becomes softer, more pliant and satiny; comedos and papules of lichen can be more easily pressed out or got rid of, the scurfiness of the scalp becomes less or disappears, the hair is less brittle, the new growth of lanugo hairs changes more rapidly into dense, properly pigmented ones. Under employment of the drug for months the general condition of the patient was not impaired; indeed, the appetite improved, and he was better nourished. (*Vierteljahrsschrift für Dermatologie*, 1, 2880).

The drug also exerts a stimulating influence on the retina. Dr. Mecklenburg, in Berlin, *Klin. Woch.*, No. 44, 1880, gives this case:

A strong and healthy male prisoner, twenty-four years old, who had never previously suffered with his eyes, suddenly became night blind; as soon as dusk set in he could see nothing. It was a case of hemeralopia. The pupils were greatly enlarged, but nothing else abnormal about the eyes.

After the usual means had been tried, Dr. M. injected subcutaneously—

R Pilocarpin muriat, 0.1
Aque destill, 5.0

The improvement was immediate, and after the third injection the patient was well.

In Berlin it has also been tried in syphilis, when it has reached its constitutional stage, principally by Dr. Lewin, of La Charite Hospital. The following extract from the London Medical Press and Circular gives its advantages and disadvantages thus—

In the course of three years and a half he has treated thirty-two patients. Seventy-eight per cent. of the patients were cured. Of seven cases two were of serous form, and had resisted energetic mercurial treatment; the cure was incomplete, and it was necessary to have recourse to injections of corrosive sublimate to complete it. In five other cases the treatment had to be suspended on account of intercurrent complications (endocarditis, hæmoptysis, collapse).

The mean duration of the treatment was eighty-two days. The dose injected each time was usually fifteen milligrams. The cure would be shorter if the patients would have daily injections; but as soon as amendment of the symptoms begins they require less and less frequent applications of the remedy.

Pilocarpin seems to prevent relapses with greater surety than mercury or vegetable depuratives. But in respect to facility of application, certainty of result and rapid cure, this medication is inferior to injections of corrosive sublimate, and often leaves behind it extreme sensibility to the influences of temperature, which obliges patients, after the cure, to keep their room for some time, for fear of arthritic and rheumatic troubles.

In diphtheria it was editorially recommended in the Reporter, (vol. xliii, pp. 524, 540), on the strength of the assertion by Dr. Guttman, of Berlin. His prescriptions were, however, not quoted. They are as follows, he combining pepsin with the alkaloid, in order to combat the gastric catarrh present—

R Pilocarpin muriat.,.....	gm. 0.02—0.04	
Pepsin,	gm. 0.6 —0.8	
Acidi hydrochlor,.....	gtt. ij	
Aquæ dest.,.....	gm. 80.0	M.

Sig.—A teaspoonful hourly for children.

For adults—

R Pilocarpin muriat.,.....	gm. 0.03—0.05	
Pepsin,.....	gm. 2.0	
Acidi hydrochlor,.....	gtt. iij	
Aquæ dest.,.....	gm. 240 0	M.

Sig.—Hourly, a tablespoonful.

Dr. Rothe, of Altenburg, in Med. Cent. Zeitung, Nov. 6th, says, that four years ago he tried jaborandi in two cases, but both died, and he renounced the experiment. This throws some doubt on Guttman's discovery.

The price of pilocarpin is high; it sells in the eastern cities at thirty-five cents per grain, which makes it almost prohibitive in many cases.

Rheumatism.—Dr. Evans, in Medical and Surgical Reporter, says: I wish to call attention to the use of large doses of quinine in the treatment of acute rheumatism. Lately I had a case in which the temperature was 110°, pulse 140. Large doses of quinine were used, and the patient recovered.

For Chronic Rheumatism.—Prof. Pepper, in Chicago Medical Journal, says: I have thus far made scarcely any allusion to the large group of valuable remedies—mostly of an alterative character—that have acquired reputation in the treatment of chronic rheumatism.

It is true that in no case of this kind can we afford to depend solely on the use of any of these remedies, to the exclusion of baths, massage, diet, hygiene, it is no less true that in nearly every case there are indications that call for the use of some one or more of them. It would be impossible to discuss at length the merits of the very numerous remedies of this class, so that I must limit myself to the bare mention of those which have proved most valuable in my own experience.

In cases of chronic rheumatism limited to one or a few joints with considerable effusion, I have used the following with advantage:

R Potassi iodidi,..... 3 ij.
Hydrargyri bichloridi,..... gr. j.
Syrup sarsæ comp.,..... 3 v.
Ft. sol. S. Teaspoonful in water after meals.

or:

R Hydrargyri bichloridi,..... gr. j.
Inf. gentianæ comp.,..... 3 vij.
Ft. sol. S. 1 to 2 tea-poonfuls in water after meals three times daily.

In cases where a number of joints are involved with marked tendency to exacerbations, and especially if the lesions of the small joints indicate gouty complications:

R Pulv. guaiaci,..... 3 j.
Vin colebici radice,..... 3 ij to 3 iij.
Potassii iodidi,..... 3 j.
Pulv. acaciæ,..... q. s.
Sp. lavendulæ comp.,..... 3 ss.
Aq. cinnamoni,..... q. s. ad 3 vj.
Ft. sol. S. Dessertspoonful three times daily in water.

The bicarbonate or the acetate of potash may often be substituted with advantage to the digestion for the iodide of potassium in the above mixture. I have already alluded to the use of prolonged courses of lithia as being very beneficial, especially in cases with a gouty element and with defective action of the kidneys. In regard to the mode of its administration, I much prefer the effervescing granulated salts.

I must also mention the benefit I have derived from the prolonged use of carefully increased doses of Donovan's solution. It is to be remembered that these alteratives have, for the most part, been given while the patient was also taking iron in large doses, cod liver oil, syr. hypophos. comp., or some similar nutriment.

I will merely mention the nitrate of silver as an alternative, from which I think I have obtained good results, especially in cases attended with neuritis and with marked nervous symptoms.

Traumatic Tetanus.—Dr. Morton, in Medical and Surgical Reporter, reports success in a case of traumatic tetanus with the following: Morphia was employed hypodermically, and conia in one-fourth drop doses, gradually increased to one-half drop, was given every two hours. Under this treatment he gradually but very slowly improved, until now he is able to be out of bed.

Atrophy of Infants.—In a case of wasting or dropsy in a child deprived of the breast: "The nursing-bottle was examined. The glass tube which extended to the bottom of the bottle was lined with curd, and a quantity of milk remaining from a supply placed in the bottle about an hour before was sour and contained numerous small curds. This change, it was stated, often occurred, in spite of much care taken to keep the bottle and tubing clean.

Directions were given to substitute a soft india-rubber nipple for the tubing, to keep both the bottle and nipple thoroughly clean, to wash out the child's mouth with cold water after each feeding, and to use a food composed of one part of barley-water to two of milk, with the addition of a tablespoonful of lime-water to each half-pint. Small doses of bicarbonate of sodium, with peppermint-water, were prescribed every three hours. The nurse was also ordered to rub half a teaspoonful of warm olive oil into the skin of the abdomen twice daily, to anoint the surface involved in the intertrigo with oxide of zinc ointment, and to keep the feet warm by frictions with the hand.

The improvement under this treatment was rapid. On April 11, (the day of the last visit), his mouth was cool and free from thrush; there was little eructation; the bowels were natural; there were no more attacks of colic; the sleep was undisturbed; the child had begun to gain weight; and the intertrigo was very much better."—*Medical Times*.

Coca in the Opium Habit.—In response to inquiries as to the use of coca in the opium habit, we give the instructions of Dr. Palmer, as published in the Louisville Medical News, as follows:

"Coca is to be used as a *substitute* for the opium. It is, therefore, to be taken as freely as the cravings of the system for opium may demand—tablespoonful doses of the fluid extract several times a day, more or less, as needed. The 'break-off' is to be made at once and for all, and coca is the staff upon which the sufferer is to throw his whole weight."

The fluid extract, as prepared by Parke, Davis & Co., Detroit, is recommended as a good preparation.

Nasal Catarrh.—Dr. Hamill, in Medical and Surgical Reporter, says: A man for five years had suffered from nasal catarrh. Almost everything had been tried without benefit, when he was recommended to plug the nostrils alternately with cotton. He found great relief from this simple treatment, and I call attention to it, so that others may try it.

Dr. Cathell, says: I have tried it and found it beneficial. I got the idea from a little article going the rounds of the press. A German was the originator, and had used it in fifteen cases; all got well; average duration of treatment, twenty-one days. I have used it for about one year, and know of no case which has not been cured or greatly benefited. It gives rest to the irritated membrane. I do not use it in ozæna.

SCIENTIFIC ITEMS.

The Prall System of Heating—During their recent convention in this city the members of the American Society of Civil Engineers were entertained by the Prall Union Heating Company. The dinner was cooked throughout by superheated water; and whatever may have been the cost on the relative economy of the system, the cooking was accepted as unquestionably satisfactory.

That bread can be baked and meat roasted by hot water may seem quite incredible to those who think of boiling water only as commonly seen in open vessels. Under atmospheric pressure water can be heated no higher than 212° , far below a roasting temperature. But when confined there is no limit to the temperature it may receive save the weakness or strength of the containing vessel.

The Union Heating Company propose to supply heat and power to houses by a system of pipes circulating water heated under pressure to about 376° , that is, a pressure of about 160 pounds above the atmosphere. In being conveyed a mile in boxed pipes, under ground, the water, it is claimed, loses not more than 1° , so that a temperature of 375° can be maintained in the pipes of a cooking range, a heat sufficient for all culinary purposes. The heating of houses can be effected either by air currents circulating around hot-water coils, or by means of steam radiators, the hot water being converted into steam in small converting chambers.

In the operation of the system, central boiler stations will be established in districts of about one square mile area. The pipes conveying the superheated water from the central station and back again, are laid in the same trench, and are so connected as to allow a forced circulation. The return pipe conveys to the generator all the water not drawn off for domestic or other purposes, thereby saving all the heat not available for heating purposes or for steam power.—*Scientific Am.*

The Utilizing of the Tide.—A Philadelphia engineer has invented, it is claimed, a machine by which the power of the tide can be utilized. Numerous plans have been proposed for the accomplishment of this most desirable end, but only under exceptional conditions have they been practical or economical. If the new device can harness the tide in an open channel, so as to convert any considerable portion of the vast power into working force, the inventor will rank among the great benefactors of humanity. Emerson says somewhere: "Hitch your wagon to a star." A device for utilizing mechanically the free tides, as they sweep along our shores, would come next to that, since it would enable us, through converters and electricity, to hitch our wagons to the sun and moon.—*Scientific American.*

Where our Forests are Going.—To make shoe pegs enough for American use consumes annually 100,000 cords of timber, and to make our lucifer matches, 300,000 cubic feet of the best pine are required every year. Lasts and boot-trees take 500,000 cords of birch,

beech and maple, and the handles of tools 500,000 more. The baking of our bricks consumes 2,000,000 cords of wood, or what would cover with forest about 50,000 acres of land. Telegraph poles already up represent 800,000 trees, and their annual repair consumes about 300,000 more. The ties of our railroads consume annually thirty years' growth of 75,000 acres, and to fence all our railroads would cost \$45,000,000, with a yearly expenditure of \$15,000,000 for repairs. These are some of the ways in which American forests are going. There are others; our packing boxes, for instance, cost, in 1874, \$12,000,000, while the timber each year in making wagons and agricultural implements is valued at more than \$100,000,000.—*Fishkill Standard*.

The Population of the Earth.—Boehm and Wagner calculate and show the population of the world to be very near fourteen hundred and fifty-six millions of people, and nearly seventeen millions more than it was at the time of the last issue of their publication, nineteen months ago. It seems rather startling, at first sight, to find that the population of the earth is increasing at the rate of *nearly a million persons per month*; but a little consideration shows that this is quite possible, since the rate of increase of population in most countries, of which we have trustworthy statistics, exceeds one per cent. per annum. Asia is said to contain considerably more than half the population of the globe, or eight hundred and thirty-five millions; Europe, three hundred and sixteen millions; Africa, two hundred and six millions; America, ninety-five millions; Australia and Polynesia, four millions. Bearing in mind the different areas of the continents, we can see that America will long be able to absorb, to the advantage of itself and of all other nations, the surplus population of the rest of the world, even if it should exceed twelve millions per annum.—*Boston Journal of Chemistry*.

Transforming Sound into Light.—Mr. Treve has described to the French Academy of Sciences an experiment with an apparatus which he calls a singing condenser, by which he believes he effects the transformation of sound into light. When a current of electricity is brought to bear upon his condenser a sound is produced, which he attributes to the vibrations of the air in the condenser, produced by the shock of the electric current. Reversing this experiment, he placed the condenser in a Geissler tube, and brought the two poles of the electric current to bear upon the condenser through the electrodes of the tube. The tube was then connected with an air pump. The condenser sounded as usual when the current was directed to it under the ordinary atmospheric pressure; but when the air was withdrawn the sound became more and more feeble, until, as a vacuum was produced, it ceased entirely, and a clear, bright light appeared, sparkling like pearls, from the leaves of the condenser—quite unlike the ordinary pale, vague light of the Geissler tubes.—*Boston Journal of Chemistry*.

Tenacity of Iron.—Recent experiments by Piazzoli appear to establish the fact that the tenacity of iron increases on magnetization.

PRACTICAL NOTES AND FORMULÆ.

Warner's Parvules.—We have before alluded to the excellency, purity and practical convenience of these unique and beautiful preparations, manufactured by Wm. R. Warner & Co., Philadelphia. We carry them in our pocket-case daily and find little use for the apothecary, as we can readily administer the different ingredients in any required fraction or quantity by giving one or more of the different parvules, so as to meet the indications of the case.

We find them very efficient, safe and reliable. Children will usually swallow them without difficulty, and they are borne by the most delicate stomachs in cases that will not tolerate the usual methods of administering drugs. We seldom fail to induce children to take the quinine parvules, who ordinarily cannot be persuaded to take the remedy in powder or solution, or if forced down they will at once eject it by vomiting.

Treatment of Diphtheria by Tartaric Acid.—M. Vidal advocates the employment of tartaric acid in diphtheria (*La France Medicale*). Local action on the false membrane is necessary because they have a great tendency to propagation by a sort of auto-inoculation comparable to that which takes place in certain skin diseases. The formula he employs is this:

Tartaric acid,.....	10 grammes.
Glycerine,.....	15 grammes.
Distilled mint water.....	25 grammes.

The tartaric acid acts on the false membrane, which it changes into a gelatinous mass and favors its expulsion. Applications of it should be made about every three hours, and should be followed a short time after by applications of lemon juice.—*Cincinnati Lancet and Clinic*.

Petroleum Mass.—Dr. Milton, in Maryland Medical Journal, says: The following preparation of petroleum has afforded me more gratifying results in chronic bronchitis, laryngitis and obscure pains of the lungs, than anything else. The formula recommended by Dr. M. Griffith, of Irving, N. Y., is as follows:

R Petroleum mass,.....	3j.
Pulv. cubebæ,.....	} aa 3 ss.
Pulv. Doveri,.....	

Make 4 grain pills. Sig.—One pill every 3 or 4 hours.

Chlorate of potash to be used in making Dover's powders instead of sulphate of potash.

Ergotin Solution for Hypodermic Use.—

R Ergotin.....	gr. 36
Glycerine.....	
Aque	aa m 108
Mix.	
3	

Removal of Spots, Stains, Etc.—The following are extracted from a German journal:

Matter Adhering Mechanically.—Beating, bruising and currents of water, either on the upper or under side.

Gum, Sugar, Jelly, etc.—Simply washing with water at a hand heat.

Grease.—White goods, wash with soap or alkaline lyes. Colored cottons, wash with French chalk or fuller's earth, and dissolve away with benzin or ether.

Oil Colors, Varnish and Resins.—On white or colored linens, cottons or woolens, use rectified oil of turpentine, alcohol lye and their soap. On silks, use benzin, ether and mild soap, very cautiously.

Stearin.—In all cases, strong, pure alcohol.

Vegetable Colors, Fruit, Red Wine and Red Ink.—On white goods, sulphur fumes or chlorine water. Colored cottons and woolens, wash with lukewarm soap lye or ammonia. Silk the same, but more cautiously.

Alizarian Inks.—White goods, tartaric acid, the more concentrated the older are the spots. On colored cottons and woolens and on silks, dilute tartaric acid is applied cautiously.

Blood and Albuminoid Matters.—Steeping in lukewarm water. If pepsin or the juice of Carica papaya can be procured, the spots are first softened with lukewarm water, and then either of these substances are applied.

Iron Spots and Black Ink.—White goods, hot oxalic acid, dilute muriatic acid, with little fragments of tin. On fast dyed cottons and woolens, citric acid is cautiously and repeatedly applied. Silks, impossible.

Lime and Alkalies.—White goods, simple washing. Colored cottons, woolens and silks are moistened, and very dilute citric acid is applied with the finger end.

Acids, Vinegar, Sour Wine, Must, Sour Fruits.—White goods, simple washing, followed up by chlorine water if a fruit color accompanies the acid. Colored cottons, woolens and silks are very carefully moistened with dilute ammonia, with the finger end. [In case of delicate colors, it will be found preferable to make some prepared chalk into a thin paste, with water, and apply it to the spots.]

Tanning from Chestnuts, Green Walnuts, etc., or Leather.—White goods, hot chlorine water and concentrated tartaric acid. Colored cottons, woolens and silks, apply dilute chlorine water cautiously to the spot, washing it away, and reapplying it several times.

Tar, Cart Wheel Grease, Mixtures of Fat, Rosin and Acetic Acid.—On white goods, soap and oil of turpentine, alternating with streams of water. Colored cottons and woolens, rub in with lard, let lie, soap, let lie again, and treat alternately with oil of turpentine and water. Silks the same, more carefully, using benzin instead of the oil of turpentine.

Scorching.—White goods, rub well with linen rags dipped in chlorine water. Colored cottons, redye if possible, or in woolen raise a fresh surface. Silks, no remedy.

Cancer Cure.—

R Arsenic.....
 Rochell Salts.....
 White vitriol.....
 Sulphur..... aa ʒ i

Mix with yolk of eggs to the consistence of butter, and put into a new earthen dish; put into a brick or stone oven; slowly bake it until it rises up higher than the top of the dish, like a well done, rich cake, let it cool and rub up fine; mix a little of the above with the yolk of an egg and apply to the cancer.

Change every two days; do not make the plaster quite as large as the cancer, for it will find the whole of the cancer, let it extend ever so far. Salve to use after the cancer is out:

Fresh butter or lard..... lb i.
 Beeswax, ʒ iv.
 Pine turpentine,..... ʒ vi.
 Pure honey,..... ʒ ij.
 Resin,..... ʒ iij.

Melt all together, and set off the vessel from the stove, and partly cool; add half ounce of finely pulverized verdigris; stir until cool.

This salve is to be used first; afterwards the following to heal the sore:

Hog's lard..... ʒ iv.
 Beeswax, ʒ ivss.

Melt together and stir until cool. Also for cancer a middle receipt:

White vitriol,..... 2 parts.
 Arsenic, 1 part.
 Corrosive sublimate,..... ½ part.

Mix the powder with simple cerate. Mix well and apply a little of this to the cancer every day, until it is out, and heal it with the healing salve. The foregoing prescriptions enjoy great celebrity in certain parts of our State, and undoubted cures have been known to result from their use.

The practitioner will be able to decide from the nature of each case, the length of time these applications should be continued, etc.—*Med. Independent.*

Amenorrhœa, Dysmenorrhœa, Etc.—Dr. W. K. Bowling, of Nashville, Tenn., regards spirits of ammonia as specific in all the above diseases, in relieving the terrible sufferings of the patient. Use the following, viz: Put a drachm of spirits of ammonia in a chamber, and require the patient to sit on it a few moments. Dr. Bowling regards this a "Discovery" in medicine.

McMunn's Elixir.—In place of this nostrum there has been adopted into the U. S. Pharm. a formula for tinctura opii deodorata. This preparation, as furnished to the hospitals of the department, is assayed and adjusted to the strength of 4 grs. of morphia in 1 fl. ʒ.—*Monthly Review of Medicine and Pharmacy.*

Two Favorite Prescriptions.—Prof. J. S. Wellford, M. D., reports the following prescription valuable in cases of lactation, general debility, anæmia, and all cases requiring a general nervine and tonic :

R	Tr. ferri. chlorid,	.....	ʒ vi.
	Acid Phosph. dil	.....	ʒ vi.
	Quinidiæ sulph	.....	ʒ ii.
	Strychniæ,	.....	gr. ʒ.
	Syr. simpl	.....	ʒ iv.
	Aq. destil,	.....	qs. ʒ iv.
M.	ft. mist.	S. One teaspoonful in water three times a day.	

Dr. Wellford also uses the following with much success in constipation, either of pregnancy or of a general and habitual character :

R	Pulv. fol. sennæ	.....	ʒ iij.
	Sem. anisi	.....	ʒ i.
	Rad. glycyrrhizæ,	.....	ʒ i.
	Sulphur sublim	.....	ʒ i.
	Sacchar alb	.....	ʒ iij.

M. ft. pulv. S. One teaspoonful stirred in a wineglassful of water, and taken at bed-time.—*Clinic.*

Asthma.—

R	Chloral Hydrate	.....	ʒ v.
	Potassii Bromidi,	.....	ʒ ijs.
	Syrup Flores Aurantii Aquæ Distillat,	.....	aaf ʒ i. M.

S. One teaspoonful in half a wine glassful of water every two hours until sleep is induced or dyspnœa is relieved.

Or, the following :

R	Grindelia Robusta,	.....	ʒ ounce.
	Yerba Santa	.....	ʒ ounce. M

Sig. One-half to one teaspoonful, more or less, according to age, every half, one or two hours; be governed by its effect on the disease.—*Ind. Pract.*

Lent's Solution of Quinia.—

R	Quiniæ Sulphat	.....	gr. 80
	Aquæ	.....	fl. ʒ 1
	Acidi Sulphur. dil	.....	q. s.
	Heat to boiling and add Acidi Carbolici	.....	gr. 5

For Hypodermic use.

Burns.—Dr. A. L. Barry, of Ringold, Ga., says, that a solution of alum in water forms an excellent application to burns, relieving the pain in a few minutes, and leading to a rapid healing of the inflamed surface.

R	Alum	.....	1 ounce.
	Water	.....	1 quart.

Sig. Keep a cloth wet with the solution constantly applied.



EDITORIALS AND MISCELLANEOUS.

EDITORIAL NOTICES.

Wm. R. Warner & Co.—See new advertisement of this staunch and reliable house in this number of our Journal.

SEE new insert or New Year's address of Messrs. Merrell, Thorpe & Lloyd, that excellent manufacturing house of Cincinnati.

Schuman's Pharmacy.—We invite attention to the advertisement in this issue of the above establishment. Mr. Schuman has held a high position in Atlanta as a careful and skillful pharmacist and druggist.

A. A. Mellier.—See the new advertisement of A. A. Mellier, wholesale druggist and dealer in surgical instruments, etc., St. Louis, Mo. This house comes highly recommended as an old and reliable establishment.

A Working Friend.—Dr. A. T. Park, of Georgia, has placed us under strong obligations by sending a club of *twenty-eight* names for the RECORD for the year 1881. The Doctor is an active and progressive man in the profession, and a gentleman of warm and generous impulses.

Geo. J. Howard & Bro., Wholesale Druggists, Atlanta.—We invite attention to the advertisement of the above firm. They are good men and have opened up a large and splendid assortment of goods in the heart of the city. The senior partner was formerly engaged in the drug business in this city and established a high reputation as a staunch, successful and reliable business man.

Our Price-List.—The price-list, as contained in our last, was incorrect, the proof having been unintentionally overlooked. It did injustice to the Atlanta market and to Messrs. Pemberton, Pullum & Co., that excellent drug firm, who have engaged to make the monthly revisions. The fault was not theirs, for they are careful and reliable business men, and sell goods at low figures. The present list will be found correct, and hereafter care will be taken that no such oversight shall again occur.

THE Leibig Laboratory and Chemical Works Co., (Agts. J. L. Berg & Co., New York) are supplying the profession with a number of very useful preparations—among which we mention with special favor their Cocoa Beef Tonic, as well adapted to low states of the system where a nutritive, stimulating and tonic agent is required. We have been informed that Dr. J. C. Le Hardy, of Savannah, Ga., reported the treatment of three cases of chronic dyspepsia with the Cocoa Beef Tonic, wherein the assimilation of food was very defective, and there was a general diminution of weight. The results obtained in two weeks were very flattering—one patient gained five pounds in weight; another three pounds, and the third three pounds and a half. This is certainly a remarkable showing. In view of the late favorable reports as to the effects of Cocoa in counteracting the opium habit, it would seem that the above preparation would be admirably adapted to the low nervous condition to which opium eaters are so subject. Indeed, it might prove a superior form in which to administer the Cocoa for the relief of this unfortunate habit.

A Reminder.—We are constrained to remind our readers that the terms of this Journal are *cash in advance*. All the losses we have sustained have resulted from the waiving of this rule. In the desire to keep up and increase our list we have, in too many instances, granted time to medical brethren who, though promising, and no doubt intending to pay, have not done so, thus subjecting us to much loss. It is the universal experience of journalism, that the cash rule alone can succeed. It is better for both the reader and the publisher that this rule be observed, and we therefore request all our friends who have not remitted to do so at their earliest possible convenience.—MANAGING EDITOR.

WE invite attention to two advertisements, in this issue of our Journal, of Parke, Davis & Co., Detroit, Mich. This house is doing an immense work as manufacturing Chemists—especially in the line of new preparations. Their new therapeutical agents, introduced from abroad, are adding constantly to the armamentarium of the practitioner in the conflict with disease. Their establishment is large, and among the most liberal, reliable and enterprising on the continent. It may truthfully be said that no country in the world is making such rapid strides in the department of Therapeutics as our own. Our manufacturing Chemists are, as a class, very able and enterprising, and vie with each other in the preparation of fine Chemicals and excellent compounds. Great attention is given to the purity of the drugs used, and to neatness and precision in putting up the goods. In all these particulars the house of Parke, Davis & Co., have attained a deservedly high and world-wide reputation, and their goods are in constant and increasing demand.

RENEWALS.

The proposition made in our December number to enter all upon the list for 1881 who did not notify us to the contrary by the 20th of January seems to have met the favor of subscribers everywhere, *only one man* having ordered a discontinuance up to this date. While this is true of renewals, quite a large addition has been made to our list in new subscribers. This is very gratifying to the editors, as it shows that the Journal is not only holding its own, but is constantly growing in popularity with the profession.

WHY DON'T YOU WRITE?

We again appeal to our readers to write. Every observing and practical man has probably learned something that others have not, and if so, it is his duty to give it to the profession. It is only in this way that we can hope to make progress in the profession. Those who do not choose to write for our Original department can write a practical note or send us a good formula. Or, if nothing else, can address a question through the Journal, to their professional brothers, who may thus be drawn out in the expression of their views. In this way facts may be elicited and our readers mutually profited.

OUR JOURNAL FOR 1881.

As our volume dates with the January issue, this is No. 1 of Vol. 11. Thus it will be seen that we are entering upon our eleventh year. In the last ten years the RECORD has held its own, passing through those trying initiatory struggles in which so many noble crafts have sunk—manfully encountering, and successfully passing through the ordeal of the panic of 1873 and the hard years immediately succeeding, until now it is able to state to its readers that all is well, and the outlook for the future more flattering than for many years.

During the present year renewed efforts will be made to improve the

already popular features of the Journal in all its departments. Arrangements have been made to enhance the interest of the Original department, a number of able gentlemen having engaged to write for us. The article in the present issue by Prof. Howell, our senior editor, will, it is believed, prove interesting, especially to young practitioners. Upon closely analyzing the "Conversations" it will be seen that the Professor has sought to inculcate a thought or principle, either moral, ethical or medical, in every paragraph. He expects to continue the conversations, embodying practical thoughts and suggestions upon various topics. His long experience as a writer, a teacher, and a practitioner, well fits him for the task which he has assumed. W.

The Principles and Methods of Therapeutics.—By Alphonse Gubler, M. D., Professor of Therapeutics in the Faculty of Medicine of Paris, etc. Translated from the French. One volume 8vo. In press. Ready March 1st, 1881.

Gubler may be said to have been the most distinguished exponent of scientific therapeutics—in the best sense of the term—of this generation. Following Trousseau in the professional chair, and a pupil of that great teacher, he took a long step in advance of his master, and may be said to have developed the only method of therapeutics which reconciles the empirical and clinical art of medicine with the demands of exact and logical science. His labors created a new epoch in professional practice in France, and in all other countries where they have become known have made a profound impression on the professional mind.

BOOK NOTICES.

A COMPENDIUM OF MODERN PHARMACY AND DRUGGIST'S FORMULARY: Containing the recent methods of manufacturing and preparing Tinctures, Fluid Extracts, Perfumery, Extracts, Emulsions, Toilet Articles, Wines and Liquors; also, Physician's Prescriptions, Liniments, pills, powders, ointments, syrups, antidotes to poison, weights and measures, and miscellaneous information indispensable to the Pharmacist, by Walter B. Kilner, Pharmacist, Springfield, Ill., 1880.

This is a work of 478 octavo pages, neatly and elegantly gotten up. It is certainly a very valuable collection of formulae and pharmaceutical preparations, especially suited to the prescriptionists and pharmacists. We are much pleased with it. See advertisement.

COMPENDIUM OF MICROSCOPICAL TECHNOLOGY: A guide to Physicians and Students in the use of the microscope, and in the preparation of Histological and Pathological specimens, by Carl Sailer, M. D., late director of the Microscopical and Biological section of the Academy of Natural Sciences of Philadelphia; Curator of the Pathological Society; Pathologist and Microscopist to the Presbyterian Hospital, etc., etc.

This work is especially adapted to a beginner in microscopic study, and is plain, practical and admirably gotten up for the purposes in view.

MEDICAL HERESIES, HISTORICALLY CONSIDERED: A series of critical essays on the Origin and Evolution of Sectarian Medicine, embracing a Special Sketch and review of Homœopathy, past and present, by Gonzales C. Smythe, A. M., M. D., Professor of the Practice of Medicine, Central College of Physicians and Surgeons, Indianapolis, Member of American Medical Association, etc., Philadelphia. Pressley Blakiston, 1012 Walnut street, 1880.

A very interesting work of 228 pages, giving a condensed history of the evolution of medicine.

MINOR SURGICAL GYNECOLOGY: A Manual of Uterine diagnosis and the lower technicalities of gynecological practice, for the use of the advanced student and general practitioner, by Paul F. Munde, M. D., Prof. Gynecology in Dartmouth Medical College, Obstetric Surgeon to the Maternity Hospital, New York; Physician for Diseases of Women to the out-door department of Mt. Sinai Hospital, and late Assistant Surgeon to the New York Woman's Hospital, etc., etc., with 300 illustrations. New York, William Wood & Co., 27 Great Jones St., 1880. W. B. Dalston, Agt., Atlanta, Ga.

This is a work of 380 octavo pages, well gotten up, timely in its objects, and eminently practical. The author remarks truly, "That many an error may be avoided, and many a manipulation rendered easy for physician and patient, if the sources of possible error and the details of the manipulation be clearly laid down before the operator. With this object, the book has been prepared. The author has, perhaps, as nearly accomplished his object as is practicable for it to be done, and the work before us, we opine, will be found more satisfactory in the simplicity of its descriptions and the clearness of detail, than any work yet issued in this department.

YELLOW FEVER, ITS SHIP ORIGIN AND PREVENTION:—

By Robert B. S. Hargis, M. D., Pensacola, Fla. D. G. Brinton, M. D., publisher, 115 South Seventh street, Philadelphia.

A work of 76 octavo pages. The views of the writer are forcibly expressed, and are well worthy of perusal by every one who is interested in the important subject of which he treats.

RECEIPTED.

[Receipts not acknowledged privately are entered here.]

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T H E

Southern Medical Record.

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ORIGINAL AND SELECTED ARTICLES.

CONVERSATIONS UPON THE PHYSICAL AND MENTAL HYGIENE OF GIRLHOOD.

BY T. S. POWELL, M. D.,

Professor of Obstetrics and Diseases of Women, and Lecturer on Medical Ethics in
the Southern Medical College.

CONVERSATION II.

Doctor—"Well, madam, I think it has been about ten days since my last visit. What have you to report this morning concerning Miss Mary's health? Something good, I know, judging from your eyes."

Mother—"Yes, Doctor. It gives me great pleasure to say that Mary has improved in every respect since I saw you last. She has obeyed your instructions to the letter. Her appetite has increased, and she certainly seems stronger, and also looks much better. I regret you cannot see her this morning, as she has just gone to ride with one of her school-mates."

Doctor—"From your report it is not very important, and I can call again in a few days."

Mother—"If you please. But, Doctor, I cannot let you go yet; I must ask you a few more questions."

Doc or—"Madam, as I teach my class that civility is due to a lady, however great the provocation may be, pressing as my engagements are, I will say I am yours to command, for a short while, at least."

Mother—"You are so kind. Walk into the parlor; do, Doctor, take that easy chair."

Doctor—"Thank you, madam. This is indeed a delightful chair—almost any wayworn doctor, so comfortably situated as I am, could make himself at least agreeable if not instructive. You can proceed, madam."

Mother—"I will Doctor, at once, as I know your time is precious. In reply to your last remark, in our first conversation, I am well satisfied that you are right, and think I can see why it is necessary to have sound, nourishing food in proper quantity, and sufficient exercise of the right kind, besides mental and physical rest, in order to make a perfect man or woman. I believe the Creator designed men and women to attain the utmost of human perfection, physically and mentally, as well as morally; and if that is His design, He certainly furnishes the means for its accomplishment."

Doctor—"You are right, madam. It is not my opinion that God intended any children to be born idiots or monsters, no more than He desires that the evil one should reign over the affections and passions of men."

Mother—"Neither do I believe, Doctor, that God makes children, men and women ugly and unlovable, or entails upon them any hereditary and loathsome disease."

Doctor—"You are again right, madam. All parents, who are themselves sound in mind and body, have it in their power to make their children handsome, intelligent, strong and healthy, consequently amiable, cheerful and happy. And these hereditary diseases, mental and physical, are the sins visited upon the children, even to the third and fourth generations—not sent upon them, though, by a spirit of divine vengeance, as some enemies of Christianity would argue when they wish to charge the Creator with being unjust and unmerciful, but they follow as a natural sequence in the economy of nature's laws, and one or both of the parents, or grand-parents of the children, have violated these laws, and they are, therefore, the real authors of these dreadful visitations upon innocent and helpless offspring."

Mother—"Yes, Doctor, I believe that to be the true solution of such sad misfortunes, and I wish to get your views upon these questions more fully at some future time, as I have several daughters younger than Mary, and I wish to guard them carefully from getting into her present state of ill health, and also to train them so far as I possibly can to become perfect women in every respect. I wish to ask you,

just now, before you leave, about the use of vinegar as an article of diet. Do you know some people advised Mary to drink vinegar, and as much as she wanted; and a number of girls at school have persuaded Lucy, my next daughter, about thirteen years old, to use a great deal of vinegar. What do you think of such advice?"

Doctor—"I think it decidedly bad, when used as girls are in the habit of taking it. Pure apple vinegar, in moderation, as a condiment, acts beneficially upon some persons. There are certain conditions of the stomach when a small quantity of a pure vegetable acid prevents flatulence and fermentation of certain vegetable substances that have been eaten. But in a morbid or disordered state of the system, as is the case with your daughter Mary, vinegar is not only useless but destructive to health."

Mother—"From my own experience I know that vinegar, and all the native vegetable acids, should be used with caution, and with a knowledge of their effects in different conditions of the system, and a consideration of the articles of food with which we use the acid, I have noticed that when I take vinegar with certain kinds of food, great disorder of the stomach, with severe headache, ensues; while at other times, especially with vegetables intended to be eaten without being cooked, the vinegar I used with them seemed to increase my digestive powers."

Doctor—"Yes, madam, it certainly does produce the effects you have experienced; at least, if the vinegar does not increase the powers of digestion, it causes the food you have taken with it to assimilate more readily. It is upon this chemical principle that many persons, if in good health, can indulge with impunity in eating the richest soup, if they add to it a certain quantity of lemon juice; and upon the same principle many persons, especially fashionable ladies, are fond of apple sauce with their fresh meats. Thus you will perceive that pure vinegar is good in its proper place, like all the condiments, such as pepper, nutmeg, ginger, etc., but the dyspeptic should use any and all of these with great caution. A person in ill health may seem to be benefitted for a time by taking an unnatural stimulant to give a temporary increase of appetite, but great and lasting harm really ensues, because the artificial stimulant slowly destroys the tone of the stomach instead of restoring it to its normal capacity."

Mother—"I thank you, Doctor, I feel sure you are correct; do you think lard, butter and oil are wholesome, in or with our food?"

Doctor—"Much lard, especially such as you usually buy in the market, is very hurtful to dyspeptics. Genuine fresh butter, in moderation, and used at the table, does no harm but is beneficial. It is said by some that melted butter taken with the food is the most injurious."

Mother—"Yes, I have often heard that said, but of all unwholesome dishes, I think that meats fried in hog's lard are the most hurtful of any food, especially if eaten at supper."

Doctor—"You are right, madam; fried bacon and fried meats of any kind are not easily digested, and are not a suitable or wholesome food for women and children and men of sedentary habits. This is especially true of the meat on the market of late years, and commonly called bulk meat. When we consider how often it is packed and re-packed, shipped and re-shipped, and carelessly handled before it is at last eaten, and besides, often a large number of the hogs it was taken from were really diseased when they were killed, some of them probably with that fatal disorder trichiniasis, can we be surprised that it is not wholesome—that its effects are often serious when consumed in enormous quantities year after year, by the great majority of the people?"

Mother—"Yes, I have no doubt that the staple food of nearly all the working people in towns and cities is fried bulk meat, with the unwholesome corn meal of which you spoke in our last conversation."

Doctor—"That is true, and the most stubborn, unyielding cases of diseases I have found among people who eat a great deal of this meat and other food reeking with the oil of hog's lard."

Mother—"I am satisfied, Doctor, that the meat we buy is not as sound and wholesome as that we used to get from our father's smoke-house. Oh! how I long for those good old times to come again. Every one knows that cabbage is considered a very unwholesome vegetable, but I have fully tested its effects and will tell you my experience with it; I can eat cabbage in what you call cold slaw, and feel no inconvenience from it. I can also have it boiled perfectly tender in *clear water*, then chop it finely, add a little salt, a very little fresh butter and a few spoonful of cream or sweet milk, then smother it for a few moments in a covered vessel, and I can eat it moderately warm and feel perfectly well afterwards; but if I have the cabbage boiled with bacon, bulk meat, or even good sweet ham, I cannot readily digest it, and I have learned from these tests that the cabbage, if fresh and sound, is not itself unwholesome, but the strong grease cooked with it and some other vegetables I could name, is what makes me sick, and so often brings on dyspepsia. I have also noticed that when cabbage is prepared in this way (without any meat), it has a more delightful flavor and is more delicious in every way."

Doctor—"I thank you, madam, for your valuable experience. I have a very dear dyspeptic friend whose experience is precisely the same. He thinks the flavor is not then smothered by the strong and often rancid odor and taste of pork grease. We know that many ar-

ticles of food, delicious and wholesome in themselves, are made unpalatable and injurious to health by the manner in which they are prepared for the table."

Mother—"Yes, I am confident of that. I believe I have as good digestion as the average women in good health, but I am satisfied that I cannot eat fried meats of any kind without affecting my health unpleasantly. I also do not feel quite well after eating ham or fresh pork, even when it has been thoroughly baked or boiled, unless I wait for it to become perfectly cold."

Doctor—"And that is really the most wholesome way in which it can be eaten. When taken into the stomach warm or hot the oil, in the fat of the meat is not easily digested, and no one but a strong, vigorous man of active, outdoor employment, can eat it thus with anything like impunity, even once a day. It is better for every one to refrain from eating warm fat pork at breakfast or supper."

Mother—"I am sure it is better. While the same kind of meat I eat at dinner does not hurt me at all. I find that if I take it, and in the same quantity, at breakfast, I do not really digest it during the whole forenoon, and consequently have very little appetite, if any, for my dinner."

Doctor—"Madam, your experience is true. That is because one's stomach, so soon after rising in the morning, is not always in a condition to digest strong food. The whole system has been at rest during the night, and the digestive organs have not had time to resume their wonted activity by exercise of the body. The higher classes of Europe, and also the middle and lower classes to a great extent, almost universally eat upon these philosophic principles. Their breakfast is usually a cup of tea or coffee, a slice or two of cold bread, a little fresh butter with it, and perhaps two or three soft boiled eggs. Their supper is also generally of the same light character, dinner being really the only substantial meal they eat, and that should be the rule with every one who wishes to have good health, long life, a clear brain and cheerful spirits."

Mother—"How different are we Americans, as a rule, and especially we Southerners. It is meat, meat, and usually pork meat for breakfast, dinner and supper. No wonder we are a nation of sallow dyspeptics, of ailing men, women and children, with scarcely strength to walk a few blocks in the city without becoming fatigued. Even the delicate, tender stomachs of our children are stuffed with meat three times a day, and usually fried. I know ladies of position in society, who make their supper the largest meal of the day—also eat heartily of meat at the time, and it oftener hot than cold."

Doctor—"Do these ladies seem to have good health?"

Mother—"Well, I cannot really say, Doctor. Some of them have enough flesh, but it does not seem to be sound, healthy flesh, because they have no natural color—their complexions are not clear and bright like I think they would be with persons in good health. They are often complaining of biliousness and headache, and for relief dose themselves every night with bromide of potassium or morphine, and take purgative pills two or three times a week."

Doctor—"I am not surprised, madam, that these ladies, to whom you refer, do not at all times feel altogether well, strong and bright, with a dose of bromide of potassium or morphine every night to relieve the pain produced by an over-loaded stomach, and a dose of cathartic pills to relieve constipation produced by the bromide and morphine. How could one expect to be otherwise than bilious or sallow and swarthy-looking. Do you know, madam, that the word bilious, not being understood, has caused more deaths than anything known to the profession. No one understands its meaning, and hence the entire human family think they are bilious once or twice a week, whether they have too little or too much bile, and thousands shorten their lives by taking purgatives. I could give you a number of instances which came under my personal observation."

Mother—"I don't doubt it. I never dare to eat any kind of meat for supper, only sometimes in the winter season if I am very hungry at the hour for tea, and then nothing stronger than cold chicken, cold beef or stewed oysters. If I am in my usual health, it does not hurt me to eat of these dishes moderately at that time. But I must say, Doctor, that I am more and more convinced that the sin of continually violating the laws of health lieth at the door of the profession. We are ignorant of the simple laws of hygiene, and it really seems to be the policy of the profession to keep us so. This is a mistaken policy, and hurtful in principle. I have always believed it to be the solemn duty of every physician to teach his patrons how to prevent disease as well as to cure it, when called upon."

Doctor—"I fully agree with you, madam, but it can never be done until the people are made familiar with our duties to them, and their obligations to us; and thousands will continue to die prematurely, and our profession will never attain that point in the estimation of the people, to which its great intrinsic merits justly entitle it, until its members are taught to see and made to feel this great error."

Mother—"Yes, Doctor, this should be done, and could be done if the Doctors would talk to their patients and friends as you are now talking to me; but allow me to ask you, before I forget, why is it that we can eat more meat in cold weather and feel no ill effects from it than we can in summer?"

Doctor—"It is because heat produces a feebleness of the whole system, and consequently of the digestive organs. When these organs are in that condition, of course they cannot digest such strong food as fat pork, or much meat of any kind, neither vegetables smothered in grease. Such food produces much internal heat, and this excess of warmth is certainly not needed by the system in hot weather. Whereas, the colder the climate the more meat can be eaten without injury, especially at the dinner hour."

Mother—"Then in warm weather we should eat very moderately of even the milder meats. How about fruits and vegetables?"

Doctor.—"That depends upon circumstances. If the system should be at the time over-supplied with acids, fruits and many vegetables will be injurious, but if deficient in acids, sound and fully matured fruit, and also fresh, nutritious vegetables, especially those that can be eaten without cooking, as tomatoes, cold slaw, etc., may be allowed. When adapted to the wants of the system they are cooling, grateful and wholesome; the acids they contain are furnished from nature's own laboratory. I have a number of friends who are never so healthy as when they can get plenty of grapes, and others who suffer from acid stomach, nervous headache, indigestion and nettle rash frequently during the fruit season."

Mother.—"I see, Doctor. Indeed, it is the experience of every one that the diet that is suitable and nourishing to-day, either from some change in the food or in the condition of the system, may be to-morrow unsuitable and productive of much suffering, and in order to be healthy and keep so, the laws of every-day life must be understood and obeyed; and to do this every one must be made part of a doctor, and as I was not taught at school, I desire now, for the reason stated, to learn all I can. Please tell me what you think of warm, heavy suppers? Do you know that I have heard some persons say that when they have been taking a great deal of exercise during the day, they needed a hearty, full, warm supper to 'set them up.'"

Doctor—"Yes, madam, that you have heard all you say I have not the slightest doubt. I have frequently heard similar statements, and in many instances I am equally satisfied that if they were not 'set up' they were kept awake the most of the night. It is a mistaken idea that these kinds of suppers are needed by persons who have been greatly fatigued through the day. It is a violation of the laws of natural economy, or, as you have said, 'of every-day life,' for one when greatly fatigued to eat at all until the body has had time to rest, and then not immoderately, especially if at night. Every physician could give a few cases, and hundreds are reported in the journals, of persons who retired to bed in robust health and died before morning alone

from the effects of a full, warm supper; and this is not the greatest and most distressing result of over-eating, especially at night."

Mother.—"Oh! Doctor! shocking! what could be worse?"

Doctor.—"Many things, madam. For instance, daily unnecessary bickerings between man and wife. Did you ever think that perhaps the stupid and irritable condition of mind that the wife or husband woke up in to begin the day with, and all that followed through the day, was often the result of over and unsuitable supping? I am aware that the world generally, and especially you, ladies whose digestion is good, and are amiable persons, believe these ladies and gentlemen who rise in the morning in this irritable state of mind are disappointed in their marriage, or are constitutionally bad people. But this is a mistake; often some of the best and purest of our race are made hateful to themselves, their family and friends by the effect of imprudent diet."

Mother.—"I believe all you say, and can see that thousands of men and women kill themselves slowly or suddenly by their ignorance of the laws of health, and often their own children too, when they would give all they possess to save them from pain or death. Doctor, you must continue to talk with me until I know all these things."

Doctor.—"It will afford me pleasure, but I must go; I must meet another engagement in a few moments."

Mother.—"I am sorry that you are compelled to leave. Excuse me for keeping you so long. You will come again soon, will you not?"

Doctor.—"Yes, madam, I will call again in a few days. I wish to watch your daughter's case closely until she is restored to health. Good morning."

HEMORRHAGIC FEVER SUCCESSFULLY TREATED WITHOUT QUININE.

Twelve or thirteen years since, my attention was directed to the first case of swamp or hemorrhagic fever that I had ever seen. From that time to the present, such cases have become more frequent annually; until it ceases to be uncommon to see many every autumn, and in some localities attended with great fatality. What the treatment was in the fatal cases, I do not know, but suppose that quinine was used in most or all of them.

The first case I saw, which was a violent one, I tried quinine in sufficient quantities during the morning remissions, but soon found that it aggravated every symptom, and I therefore abandoned it, in time to relieve my patient. Having had many cases of that dreadful form of fever to treat without losing but one, and that one having been under

treatment for organic heart disease six months preceding his attack. I therefore feel that it is a duty which I owe to the profession to give a brief account of my simple but efficient plan of treatment, and in doing so I can think of no better way than to report a case in point:

On September 19th, Mr. A. J. C. sent to me for a cathartic and quinine sufficient to stop his chills, stating that he had a very severe one that day. I sent him a purgative dose of calomel, comp. ext. of colocynth and ipecac, and 20 grs. of quinine.

On the 20th, I was sent for in haste to see him. On my arrival, he stated that the cathartic had acted mildly but sufficiently, and as soon as he had taken a few doses of quinine that he commenced vomiting and blood flowed freely from the kidneys. I found his pulse 120, corded and feeble, tongue coated, thirst intense, and his stomach ejecting a bluish-colored substance, skin jaundiced, and nausea continuous. Prescribed calomel 1 gr., Dover's powder 4 grs. every four hours, alternated with 10 drop doses of fluid extract of ergot to be given in buchu leaf tea.

On the morning of the 21st, I visited the patient again and found no material change in his condition; ordered the prescription continued, except that the ergot to be substituted with 10 drop doses of the tincture of the muriate of iron, to be given in the same way, as the ergot was very offensive to his taste.

On the evening of the same day, I visited the patient again; no alteration in his condition, except that his skin was more deeply jaundiced, and he was passing blood profusely from his bowels as well as his kidneys. Ordered a large blister over the region of the liver and stomach, and prescription continued, and I remained with the patient until the blister had drawn, and on examination I found that it had the appearance of a blood blister, but on evacuating the contents, I found it to be bilious matter of a deep yellow color.

In the evening of the 22d, I visited my patient again, and found him very feeble; circulation increased in volume and less frequent, dejections small and thick, but the color of blood; vomiting less frequent, and his gums slightly touched with mercury. Ordered tincture of iron in buchu leaf tea, three time per diem.

On the 23d, visited my patient again and found him without fever, some appetite, no nausea, and no hemorrhage, and comfortable.

On the 24th, I found him much improved in every respect; and on the 25th discharged him.

The case given above is one among many, about the same treatment and same result. I offer no comment, as the motto of the SOUTHERN MEDICAL RECORD is "*Quicquid Præcipies Esto Brevis.*" But I will say this, I believe that hemorrhagic fever, at this time, demands more

serious attention from learned physicians than any other disease with which the Southwestern States are troubled.

If this should be found worthy of publication, I hope that members of our profession will give it a trial and report the result.

E. H. M. PARHAM, M. D.

POST-PARTUM HEMORRHAGE AND ITS TREATMENT.

BY S. P. SACKETT, M.D., N. Y.

[Read before the Tompkins County Medical Society.]

As I wish to say something of flooding following delivery, I will commence by relating a case that recently occurred in my practice.

October 26th, 1880, I was called to attend Mrs. Eldridge, aged 25, primipara. Her appearance was anæmic, and she said that she had not previously had good health. I delivered her after a labor of thirty hours' continuance, of a male child weighing nine pounds, using forceps at the last, after I was satisfied that there was inertia of the womb, and that the pains were evidently inefficient.

Before applying the forceps she was laid across the bed, with her feet drawn up on the edge of the bed, and the child and then the after-birth delivered, without any unusual difficulty or hemorrhage, and from the position and exposure of the parts, I was able to observe just how much blood was lost. Immediately afterward the blood came in a profuse torrent, producing some evident change in her pulse and countenance, which showed some signs of approaching collapse.

My hand had been placed on the abdomen, to make pressure while I removed the placenta, and I again placed my left hand on the bowels and endeavored to grasp the uterus, while I passed my right hand into the vagina to reach the womb, to stimulate it to contract, by friction on the inside. At first I removed two clots as large as my fist from the vagina and womb, and held my hand quite still in the vagina. Within about one minute the flooding ceased, and after holding my hand still one minute longer, I removed it, and also the new clots that had formed, and the patient did not suffer from any unusual hemorrhage afterward. She had a tolerably good recovery, though she remained for some time weak and anæmic.

Without commenting on this case further than to say that, in a similar case I should try the plan again of using my hand as a tampon, I will proceed to give my views of the treatment of post partum hemorrhage.

In order to be prepared for an emergency, the practitioner of obstetrics should in each case be armed with ergot, opium, veratrum, some diffusible stimulant, such as aromatic ammonia, aromatic powder or brandy, one of the persalts of iron, tinct. iodine, carbohc acid, permanganate of potash and alum, or aluminatc of iron, glycerine, ergotine and acetate of lead. He should also, without parade, see that hot and cold water are near at hand, and, as I think, also vinegar, and a syringe suitable for vaginal and one for hypodermic use, and ice or

snow, if obtainable. I have made a long list of articles, because I can think of some contingencies in which I might desire either of them.

Either opium or ergot may be safely and properly given a short time before the termination of labor, as a precaution to prevent hemorrhage. I may say also that I tie the cord in only one place (instead of two and cutting it between the ligatures), and I am confident that I have less trouble (from either adherent placenta or hemorrhage) thereby. The practice, also, of assisting the expulsion of the placenta by pressure and friction on the abdomen while inducing contraction of the uterus, lessens the liability to flooding.

If troublesome hemorrhage does come on, I should not depend, for even a minute, entirely upon such manipulations with my hands as I have indicated. While doing what I could myself, I should direct a nurse or assistant to ligate the thigh tightly with a cord, a practice that has been effective in other hemorrhage, and might be in this.

Subsequent treatment should, of course, vary with the symptoms. If there is faintness or great prostration, I would give an ounce of brandy with nutmeg, believing that it would equalize the circulation and lessen the flow, although I do not permit my patients to take alcoholic stimulants during the labor, lest it should cause flooding. Should the pulse be full or hard, we should administer the following remedies successively or alternately if required: Ergot, opium, veratrum, and large doses of acetate of lead.

Without waiting for the effect of internal remedies, I would apply a piece of ice or a cloth wet in cold water to the abdomen, and perhaps press a piece of ice into the vagina.

We should not continue to use the cold applications more than half an hour if they are inefficient, and if we do not have ice or snow at hand we may apply a cloth quite hot immediately to the abdomen. At the same time, I would introduce a cloth saturated with vinegar into the uterus, and after squeezing it so as to leave the vinegar there, I would remove the cloth as far down as the vagina. Should hemorrhage still continue, use the following successively as injections into the vagina and womb. 1st. Hot water, of the temperature of 110° to 120° . 2d. A solution of permanganate of potash. 3d. A solution of glycerine and carbolic acid. 4th. A weak solution of iodine. 5th. A solution of some of the salts of iron, of which I prefer Monsel's solution.

I would be willing to substitute alum for either of the above drugs if that was at hand and the others were not. Ergotin may be substituted for ergot, and may be administered hypodermically.

In conclusion, I would say that a pulse of 100 or more, after delivery, indicates danger of hemorrhage, and the patient should be watched.
Medical and Surgical Reporter.

Treatment of Burns.—At St. Francis' Hospital, N. Y., Dr. G. F. Shrady is in the habit of using the following dressing for burns and scalds: gum acacia 3 oz., gum tragacanth 1 oz., carbolized water [1-16] 1 pint, and molasses 2 oz. Apply with a broad, flat camel's-hair pencil. This plan of treatment is essentially that of the late Dr. Gurdon Buck, and really has very many advantages.—*So. of the Co. of Kings.*

DIGESTIVE AGENTS IN INFLAMMATORY RHEUMATISM.

BY S. V. SWENTNINGEN, M. D., IND.

It is not my purpose to attempt an exhaustive treatise upon the history, pathology, etiology and therapeutics of acute articular rheumatism. My aim is, rather, to induce the profession to make a trial of the remedy I propose to introduce, inasmuch as my own data are insufficient to warrant any positive conclusions as to the confidence it should merit in the treatment of this disease, and as a considerable period of time may elapse before another case of it will occur in my practice.

The therapeutics of rheumatic fever is, in my opinion, as unsatisfactory as its etiology and pathology; a fact which seems to justify the practitioner in resorting to experiment in its treatment. This was the light in which I considered the subject when called recently to treat a case of the disease under consideration.

Heretofore, in the management of this malady, I have pursued the plan of treatment generally recommended by our authorities; the administration of alkalies, salicylic acid, salines, quinine, tincture of iron, colchicum, lemon-juice, leeches, wrapping the joints in cotton, etc., etc.

The results in my hands of this routine of treatment have been so universally unsuccessful, that I finally directed my attention only to the relief of pain and the protection of the heart, and waited patiently for the expiration of the "six weeks" (or eight or ten, as the case may have been), for convalescence to become established.

In a typical case, however, which I am about to relate, after three days of treatment by the old plan, I decided to forsake it and employ some new agent which, to the best of my knowledge, had never been prescribed.

On the first of the present month (Dec., 1880), I was called to see George Humphrey, aged 15 years. I found him bathed in an acid perspiration, and screaming with pain, which migrated from ankle to ankle, knee to knee, wrist to wrist, elbow to elbow, and from his right hip to his right shoulder. Temperature 104° F., tongue covered with a peculiar pasty, creamy coat, pulse beating at the rate of 140, rather soft and compressible. Urine somewhat scant in quantity, highly colored and acid in its reaction. The slightest touch upon the radial artery caused him pain, and it was with great difficulty that he could be moved at all. In short, it was a characteristic case of the complaint in question, the cause of which he attributed to sleeping in a damp bed away from home.

I immediately directed the following treatment:

R	Acid salicyl.,.....	
	Quin. sulph.,.....	aa 3 ss
	Opti pulv.,.....	grs. vj
	Morph. sulph.,.....	gr. j. M.
	Ft. capsulæ No. vj. div. et.	

Sig. One capsule every four hours.

R Potass. acet.,..... ʒ iij
 Sprts. æth. nit.,... f. ʒ j
 Tr. aconit. rad.,..... gtt. xv
 Syr. ipecac.,..... f. ʒ ij
 Liq. am. citrat, q.s.ad..... f. ʒ iv.

Ft. sol., et

Sig. A tablespoonful two hours after each capsule.

R Sodæ et potass. tart.,..... ʒ ij

Sig. Add to a glass of water and give one-third of the solution every two hours, until it operates freely on the bowels.

Pursuing the treatment for a period of seventy-two hours, and noticing no improvement in his condition, other than that which might be naturally expected from the effect of the opiates, which, only to a moderate degree, however, mitigated the pain, I began to cast about, mentally, for some other remedy.

It was necessary, of course, to frame some theory as a basis for the selection of the new agent, and jumping at the conclusion that the predisposing cause of the malady was some unknown error in digestion, either gastric or intestinal, or both, the idea that lactopeptine or ingluvin might be of some benefit, at once suggested itself. I decided to give both, and accordingly left the following prescriptions:—

R Lactopeptine,.....
 Ingluvin,..... aa ʒ ss
 Opil pulv.,..... grs. viij
 Morph. sulph.,..... gr. j. M

Ft. capsulæ No. vj. et

Sig. One capsule every four hours.

Not wishing to discard entirely the usual time-honored treatment, sanctioned by so many able authors. I alternated each dose of the foregoing prescription with a tablespoonful of the following:—

R Potass. iodid.,..... ʒ j
 Potass. bicarb.,..... ʒ iij
 Aquæ destil.,..... f. ʒ iij
 Tr. colch. sem.,..... f. ʒ ij
 Tr. gent. co.,..... f. ʒ iij
 Syr. simp., q.s.ad..... f. ʒ iv M.

Ft. sol., et.

Sig. A tablespoonful two hours after each capsule.

Upon my next visit, which was made after the expiration of twenty-four hours, I was very much surprised, indeed, to notice such a well-marked general improvement in the condition of my patient. His parents were likewise happily astonished, for I had prepared them to expect a six weeks' siege of the attack. The pain, swelling and temperature had decidedly subsided, and he could now move a number of muscles with comparative ease.

Fearing that his apparent convalescence was a mere respite, but of short duration, and that the enemy would ere long make a fresh and

more vigorous attack, I directed the prescriptions to be renewed and taken as before.

Upon the next visit, twenty-four hours subsequent, I discovered that my patient had arisen from his bed, dressed himself, and walked down stairs into the sitting room, where I found him feeling quite comfortable; convalescence having rapidly progressed unchecked. Of course, all these efforts upon his part were not made without the assistance of attendants. From this period up to the present his condition has been one of continued improvement, and he has now apparently regained his former health.

Now, if it were not for the fact that the latter prescription figured prominently and faithfully in the treatment of three cases which I had under care at one and the same time, in the spring of 1878 (and which pursued the "even tenor of their way" for six, eight, and nine weeks, quite unimpressed with my best efforts at medication), I should be inclined to attribute to it the success achieved in the case just related. I failed to detect any particular good that it accomplished in the cases referred to, and hence feel justified in the present case in giving the credit to the lactopeptine, or inguluvin, or both.

But this is simply an individual case in my own individual experience. It must stand the test of collective cases, and for his purpose I present it to the profession.—*Medical and Surgical Reporter.*

NOTES ON POST PARTUM HÆMORRHAGE.

BY F. E. BODEMANN, M. D., DETROIT, MICH.

While a student in the University College, London, England, in the summer of 1875, I was the only student on the obstetrical list; usually there are from five to ten. I had a very great amount of work to perform, as the district surrounding the hospital was large and exceedingly populous, over five thousand births occurring annually in the maternity department. Having sometimes to attend to as many as three births in a single night, I was frequently fatigued. One night I was particularly so, a night which I shall never forget. I was called to a patient between 1 and 2 o'clock a. m., about a mile distant from the hospital. On my arrival, the os was found undilated, pains not severe and infrequent; multipara. She complained of having a uterine tumor of some kind. After having given her a full dose of opium, I concluded I could safely leave her until morning, thinking I could have a few hours of rest. In an hour from that time I was again called by the nurse, but being exceedingly sleepy thought I could delay calling for half an hour, and consequently overslept. Again I was called the third time, and went in haste; found the child born, washed, dressed, cord cut and tied, and the state of the mother alarming. The placenta was still in the uterus and blood gushing from it, and patient almost completely exsanguinated. The extremities were cold, pulse imperceptible, respiration stertorous, forehead covered with cold clammy sweat, mattress soaked with blood, also blood on the floor; in fact it was one of the worst cases of post partum hæmorrhage I ever saw. Visions of passing from ten to twenty years in Newgate prison for manslaughter passed

through my mind, as the laws of England are exceedingly strict in these matters. Without waiting to oil my hand, I introduced it immediately into the uterus and removing the placenta flung it on the floor. I gave one-half fluid ounce of ergot in combination with ammonia and hot brandy to facilitate its absorption. I also lowered the head, and elevated the limbs above the body, and pressed the blood backward with my hands, tore up a sheet and put a bandage tightly around the cephalic extremities, and introducing one hand into the uterus, I placed the other on the abdomen. If I had had a syringe I would have injected chloride of iron into the uterine cavity, according to the method of Dr. Robert Barnes. Had I been possessed of a hypodermic syringe I would have injected ergotine into a vein, but all these were wanting, so I had to do the best I could under the circumstances. The woman's life was saved, but she came nearer going than I care to have another go under like circumstances. She had severe cephalalgia for days afterwards, but small doses of quinine and big doses of Quvenne's iron, beef-tea, raw eggs with cognac soon restored her to her normal state.

Had I lost that woman I should to-day consider myself guilty of manslaughter, and whether prosecuted or not, it would have caused me many troubled thoughts. I do not endeavor to exculpate or exonerate myself, but it taught me a most impressive lesson, which I can never forget. No law in England or the United States can compel us to attend a case, but remember when you enter the room of the parturient woman, you are responsible to your own sense of morality and honor to that patient, and to the laws of your fellowmen and country. So be careful, fellow students and practitioners, how you assume that grave responsibility, and furthermore, if you lose that patient through carelessness, ignorance or neglect, you are morally if not legally guilty of murder.

A graduated homœopath, in this city, attended a case of a primipara and made no effort to, nor did he make, a vaginal examination. How would this result to mother and child had there been a transverse presentation? Mr. Christopher Heath, one day coming late to his clinic, observed: "I have been to Norwich to give testimony in a case where an inebriated medical man cut off three or four feet of intestine for umbilical cord, and then perceiving his mistake, told the nurse to burn it. This excited her suspicions. He was arrested, tried and acquitted, and then, rejoicing in his notoriety and celebrity, opened the public houses and hired a brass band, all of which so disgusted the decent citizens that he was re-arrested and got four months."

In the *Detroit Review of Medicine* of August, 1876, it is reported of a quack, who used a bucket-bail, ruptured the uterus and jerked the under jaw off the foetus, and was sentenced to ten days imprisonment; during that time he sold more medicine than all the doctors in the village.

Some doubt the possibility of the existence of concealed hæmorrhage. I was called to a pluripara; all went normally, and there was only ordinary oozing from the vagina. I was about to put on the binder, (such is the English rule), when I noticed that the flaccid abdomen began to enlarge. I pressed my hand on it and out gushed a stream of blood. For experiment, I took my hand off and again it became ex-

tended, though the amount of blood escaping from the vagina was so small that no one would call it post partum hæmorrhage. And again, on pressing, the same was repeated. I then gave ergot and applied cold, and the uterus soon became hard and firmly contracted. It is the custom of Dr. Graily Hewitt, of the University College Hospital, London, to have students give ergot after parturition to lessen the possibility of post partum hæmorrhage. This is on the theory of clots causing after pains, and as ergot expels these clots, the pain diminishes.

In the short space of six months, during which I attended cases in his department; I had one forceps case, several still-born, three breech, one child with six digits, one with club-foot, and saw, but was not allowed to examine, a partial placenta-prævia, and saw the professor perform six ovariectomies. The doctor, unlike many Englishmen, is kind, courteous, polite and obliging to Americans.

The above are a few notes from hospital life in the great city of London with its 3,600,000 inhabitants.—*Michigan Medical News*.

CASE OF PROLAPSUS ANI SUCCESSFULLY TREATED BY HYPODERMIC INJECTIONS OF STRYCHNIA.

BY LEONARD WEBER, M. D., NEW YORK.

Nealton was the first, I believe, to recommend the use of strychnia for the cure of simple prolapsus ani. Whether he or any one else had used strychnia hypodermically for that purpose before I did, in 1868, I do not know.

In that year I was consulted by a merchant, about forty-five years of age, who had suffered from prolapsus ani for three years. It came on after a prolonged attack of dysentery. Not more than one inch of mucous membrane protruded.

It was easily reduced, but as readily came down again. Sphincter very weak and dilatable, but control over bowels satisfactory. At stool he would often lose small quantities of blood, and a slight but constant sero-sanguinolent discharge from the protruded mucous membrane was quite annoying to him. The usual remedies had been applied without success, and to the application of nitric acid, or the actual cautery, I could not persuade him to submit. It occurred to me to inject strychnia hypodermically. Inserting the needle about three-fourths of an inch from the anus, and directing it upward and parallel to the gut, I injected one-twelfth of a grain of the remedy, repeating the injection in forty-eight hours upon the opposite side, and continuing in this way until six injections had been made. The pain accompanying the injection was insignificant, no inflammation or abscess followed, the bowel ceased coming down, and the cure then effected has been permanent.

Case II. (1870).—Boy, eight years old, somewhat anæmic, muscular system poorly developed, had had repeated diarrhœal attacks. His mother said his "body" had been coming down for a long while. Prolapse half an inch. Sphincter very weak and dilatable. I injected

one-eighteenth of a grain as above. The relief was complete after eight injections, given in the course of four weeks.

I have lost sight of this patient, and do not know whether the cure has been permanent.

Case III. (1877).—Boy, four years old, healthy and strong; prolapse of three-fourths of an inch, quite reducible, for about a year. Cure after four injections of one-twenty-fourth of a grain of strychnia, each given as above. Patient has remained cured.

Case IV. (1878).—Boy, five years old. No organic disease, but rather weak; troubled by frequent epistaxis. Prolapse nearly one inch long, in consequence of dysentery. Has had it for eighteen months, and been unrelieved by treatment so far. Four injections of one-twenty-fourth of a grain of strychnia each were made, when the patient ceased coming to the office, and was lost sight of.

Case V. (1879).—Girl, six years old, somewhat anæmic, but well developed. Prolapse of half an inch, with considerable sero-sanguinolent discharge from the protruded mucous membrane, and occasional loss of blood at stool. It had existed more or less for two years, and had also followed dysentery. Cure after four injections of one-twenty-fourth of a grain of strychnia each. Patient has remained cured.

This was the only case in which I had to etherize the patient, owing to her excessive fear of being hurt. In all five cases the usual local and general treatment, tonic and astringent in character, had been tried without any benefit.

A speedy and permanent cure I know to have been obtained by the injection of strychnia, in *loco morbi*, in three cases. No pain of any consequence was inflicted by the procedure, nor unpleasant symptoms, inflammation or abscess, followed the injections. No such results have been obtained in my practice, in similar cases, by other remedies short of severe surgical measures.

It appears, then, from the record of these cases, that the hypodermic injection of strychnia in *loco morbi*, in cases of simple prolapsus ani, has a direct and rapid effect upon the sphincter muscles, re-establishing the physiological tone after comparatively few injections. This mode of treatment is perfectly safe, and apt to effect a speedy and permanent cure.—*New York Medical Record*.

Iodoform in Gynæcology.—Dr. Kurz, in *Allgem. Med. Centralzeit.*, February, 1880, states, that he has employed iodoform, and with excellent results, in the treatment of chronic metritis, perimetritis and periuterine phlegmon, as also in ulcerations of the cervix.

In treating such cases, a tampon may be saturated with a solution of iodoform, one part in ten parts of glycerine, and then introduced; or an ointment of the same strength may be used. These applications are much superior to those of tincture of iodine, as they calm the pain, and even sometimes induce a slight degree of general narcosis.

The iodoform tampon should be introduced twice a week, and at the same time inunctions with an ointment, containing one part in ten, should be made over the abdomen.—*Medical Reporter*.

ABSTRACTS AND GLEANINGS.

Eczema of the Genitals.—We extract the following practical suggestions from an article on this subject by Dr. Buckley, in the New York Medical Record:

The most common single, general symptom observed in patients with eczema of the anal or genital region is constipation, or, as it might be more properly called, imperfect intestinal excretion, generally with faulty liver-action; indeed, this almost invariably exists to a greater or less extent, and requires to be looked for and managed properly. So commonly have I found this in the very considerable number of cases of eczema of the anus and genital region which have been under my care, that I had felt that I could almost state it to be an invariable accompaniment of this condition; but, on going over my notes of cases, I find a certain small proportion in whom it is stated by the patients that the bowels acted regularly once or twice daily. This is not, however, convincing proof to me that the intestinal action was perfect, and I still believe this to be the most important single factor in the disease. Quite possibly the irritating character of the excrement itself is an efficient local cause of the presence and continuation of the eruption.

This imperfect intestinal excretion should be corrected, if possible, and very great care will sometimes be necessary to accomplish this. It is not enough to give occasional purgatives, nor even to prescribe daily laxatives; for, unless much caution is exercised, the ultimate result in this direction may be bad instead of good. These remarks in regard to the management of this important element may seem trite and out of place before this learned body, but I wish to impress the very great importance of dealing with this portion of the treatment rightly as a *sine qua non* of the successful management of eczema of the parts under consideration.

All the elements which conduce to bring about a healthy action of the bowels and organs of digestion must therefore be attended to, and, consequently, in the treatment of eczema about the anus and genitals we must not be content with a few general directions, or the prescription of one or another purgative or laxative remedy. On the contrary, it may require no little trouble to ensure a healthy evacuation of the bowels daily, and this is accomplished by diet, exercise, regularity in attending to the call of nature, and such assistance from medicine as may be necessary.

A very common accompaniment of eczema of the regions under consideration is a greater or less congestion of the portal and hemorrhoidal circulation, manifested by a purplish congestion of the mucous membrane of the anus, or very commonly by a greater or less degree of internal or external piles. These latter may not be sufficient to be recognized by the patient, and yet be an element indicative of the existing state which must be regarded. It is well, therefore, in examining patients thus affected, to have them strain or bear down to bring the deeper portions to view.

When this congestion of the hemorrhoidal vessels exists I almost invariably give the time-honored mixture of precipitated sulphur and cream of tartar, in quantity sufficient to secure one or two loose movements from the bowels daily. I never give it with syrup, as I believe this often ferments or acts prejudicially in the stomach, and in a measure impairs the good effects. I order a mixture of bitartrate of potassa in equal quantities, and direct that from one to two teaspoonfuls be taken at night on retiring, rubbed up with water into a paste. The dose is not a very pleasant one, but it is readily taken, even by ladies.

Where there is no marked hemorrhoidal congestion I employ a pill of two grains and a half each of blue mass and compound extract of colocynth, with a quarter of a grain of powdered ipecac in each pill; two such pills to be taken at night and two on the second night after, followed each morning by a seidlitz powder or Kissingen water. These pills are to be taken only twice, and are not resorted to again at a less interval than a week or two; but they may be thus used repeatedly with good effect.

If there is simply a sluggish action of the bowels, a grain of the extract of socotrine aloes with a grain of dried sulphate of iron and a little aromatic powder and confection of roses, one pill being taken directly after eating. Very much may be accomplished by this combination in the way of permanently overcoming the constipated habit if the pills are employed regularly and systematically according to the following directions: at first one pill is taken directly after each meal, three times daily; in a few days the noon pill is omitted, and a few days later one is taken after the evening meal only, and soon this is required less frequently, and subsequently omitted. The point to be insisted on is that the pills shall be used regularly in the above manner until the bowels acquire the habit of daily excreting and discharging a normal amount—if they are taken irregularly simply for a cathartic action, no ultimate good results follow; but I can bear testimony very strongly to the value of this plan of treatment, and could adduce many cases where this has constituted one of the chief means of speedy and permanent cure of long-standing cases of eczema of the anal and genital regions.

If internal and general measures are important in eczema of the anus and genital region, local measures are, if possible, of even greater importance; it is much not to do the wrong thing, and still more to do just the right thing. This remark is made because one occasionally sees cases which have been greatly aggravated by previous treatment, which yield promptly to proper measures. The main point to be ever borne in mind in the treatment of these parts is that more harm than good may be done by too strong applications, and that the soothing plan must be followed as far as possible, certainly while there are signs of inflammation, stimulating measures being adopted only in later stages of treatment, and to remove the remains of the disease, as thickening of the skin, and not for the arrest of the eczema.

The itching of these cases is often most intense, and the patient will plead that if he can only have something to stop the itching the disease will get well. And so I have repeatedly had cases where all sorts and kinds of measures had been previously prescribed with a view of ar-

resting the itching, but in vain, whereas the case yielded speedily when complete treatment was instituted, including only very mild local measures. Quite recently a physician brought a patient in consultation, not in regard to any general management of the case, but only to have my opinion in regard to the probable utility of applying the actual or galvanic cautery to the parts to arrest the itching. And so I have had cases which had previously been given stronger and stronger local applications, with a view of checking the itching, after the failure of recognized neurotic local remedies, until the parts had been brought to a terrible state of inflammation from such applications as strong citrine ointment and the like. Now, while these may succeed in some cases in which, perhaps, a transient, digestive disturbance was the starting point of the eczema, I am confident that in the main all such attempts in the way of a local treatment of eczema in these parts is false in theory and injurious in practice.

The measures which I am about to detail may be simple, but will in most, if not all cases, be sufficient as local treatment, provided that all else has been carefully attended to as implied in the preceding brief mention of dietetic, hygienic and internal medication.

I place great reliance upon hot water as a means of relieving the congestion of the parts and the consequent itching. But the water should be indeed hot, and not warm—so hot that the hand cannot be thrust wholly into it—and it should be used in exactly the manner now to be described. I speak thus positively because I occasionally hear it asserted by patients that it is not of service, and on inquiring I find that the exact rules have not been followed, or that it has been used for a longer time or oftener than prescribed. The patient should sit on the edge of a chair and have a basin with the very hot water and a soft handkerchief in it. This latter is then picked up and held in a mass to the anus or genital parts, as hot as can be borne, say for a minute, and then dipped in the water again, and the process repeated three times, the whole not lasting more than two or three minutes; too long bathing, or too frequent sopping of the part or rubbing with the cloth, etc., makes matters worse.

Before the hot water is gotten ready, I have the ointment which is to be employed spread thickly on the woolly side of surgeon's lint, cut of a size to cover the affected parts only, and laid close by ready for immediate use. After the parts have been soaked with the hot water for the prescribed time, they are rapidly dried by pressing a large, soft linen napkin upon them, with absolutely no friction, and the already spread cloths are immediately applied, the object being to at once exclude the air entirely. Ordinarily it is necessary to use the hot water only a single time in the twenty-four hours, namely, after undressing, and when ready to get into bed. It must be premised that the patient is to so manage as not to indulge in the usual scratching before undergoing these manipulations. If this desire is given away to beforehand, the treatment will not always control it at once; but if the patient can avoid even touching the parts except as described, he or she will commonly be quite able to go to sleep immediately. I have repeatedly had those thus afflicted say that the first night of treatment was the first real rest they had had for months or years.

If the case is very severe, and if there are spells of recurrent itch-

ing, the hot water may be repeated occasionally; but it is commonly sufficient simply to renew the ointment one or more times in the day, especially in the morning on rising, without the repetition of the hot water, which latter, I think, sometimes acts prejudicially in softening the parts if used more frequently. It should be added that the ointment should always be spread on lint and never be rubbed to the part; also, that in applying the lint it should be kept in close apposition to the diseased surface, and that by means calculated to heat the parts as little as possible; and finally, that in renewing the dressing the fresh cloth should be spread and ready, near by, before removing the previous one, that the access of air to the parts may be prevented by changing the coverings as quickly as possible.

The ointments employed must vary somewhat with the case, and no single one could be mentioned which would be invariably of service. That which I most commonly prescribe is made as follows:

R Unguent. picis ʒj.
 Zinci oxidi. ʒij.
 Unguent. aquæ rose (U. S. P.) ʒij.

M.

This should be of a consistence which spreads easily and remains soft, which may be easily regulated by varying the proportion of the spermaceti in the rose ointment or cold cream. I may add that I never employ the recent products of petroleum, cosmoline and vaseline, as a basis for these ointments where protection of the surface and exclusion of air is desired, as they have not body enough to remain as a thick coating upon the limb, but rapidly soak in and leave the parts dry and exposed.

I will not occupy time with further details of ointments, as this is sufficient to indicate the plan or idea of treatment which I wish to present as offering success in the class of cases under consideration; while the ointment is not a matter of indifference, the same result can be obtained I believe by other remedies than the one mentioned, and my case-records would undoubtedly show many others of value. It is the method of employing remedies and strict attention to details which gives success, and I feel certain that the points I have given are very important and will be of the greatest service if carefully carried out.

Brief mention might be made of other applications which have rendered me good service, although, as before remarked, remedies must vary for different cases, and it is beyond the limits of the present paper to detail all that might be used and to give their possible indications. The following combination is very effective:

R Unguent. picis ʒij.
 Unguent. bellad ʒij.
 Tinct. aconit. rad. ʒss.
 Zinci oxidi. ʒj.
 Unguent. aquæ rose ʒij.

M. Ft. ung.

The ointment of chloral and camphor, of each a drachm or two to the ounce, will often prove a very efficient anti-pruritic, as first described by the present writer several years ago.

Lotions are sometimes of much service, especially in eczema of the penis and scrotum, and the following can be recommended :

- R Bismuth subnitrat..... ʒ ij.
 Acid. hydrocy, dil..... ʒ j.
 Emula. amygd..... ʒ iv.
 M. Ft. lotio.

This of course must not be used where the skin is much torn or broken.

A word may be added in regard to the employment of stronger local measures, for they are not infrequently of value in proper cases and at the proper time or period in the disease. When congestion has ceased, and there is still some thickening and a tendency to slight cutaneous fissures, we may use the green soap or the compound tincture of green soap.

- R Saponis viridis,
 Olei cadini,
 Alcohol..... aa ʒ j M.

With good effect. With this we need friction, and a piece of muslin (subsequently white flannel may be used to give greater friction) is wet with the lotion and rubbed briskly over the parts for a few moments, which are then to be immediately covered with a mild ointment. For this purpose the ordinary zinc ointment, half a drachm to the ounce of the unguentum aquæ rose (U. S. P.), answers well, or the subnitrate of bismuth, or calomel, either in the same strength.

Vaccine Virus.—Dr. Burge, in a review of discussions, in Medical Society of the County of Kings, says :

In placing my views on record regarding this subject, I ought, perhaps, to say that they are the result of reflection and observation in the ordinary experience of a thirty years' practice, and not the conclusions of an expert, for I have never engaged in any experiments in this line of investigation, and have only the sources of information which are open to all of you. Indeed, I should never have thought of bringing the subject before you again if expressions which I believed to be dangerously false had not gone out to the world from this Society, and been thus far unchallenged. Please recollect that I have had no thought of presenting a general treatise on vaccination ; and now allow me to epitomize, in order that no one may mistake the purport of these remarks :

1. I have the utmost confidence in vaccination.
2. I believe humanized virus retains its virtue from generation to generation.
3. I have no faith in any artificial process for obtaining virus.
4. The natural cow-pox is the only source to which we should resort when, for any reason, we need a new supply.

Dr. Ephraim Cutter, who is excellent authority, says : "The natural cow-pox is enzootic in this country, and only needs looking up to be discovered."—*Trans. Am. Med. Assoc.*, 1872, p. 235.

5. If lymph *only* be used, it can never convey any disease but vaccinia. This, however, does not obviate the necessity for eternal vigi-

lance against accidental admixture, by which primary syphilis, diphtheria, erysipelas, small-pox, etc., etc., may be communicated.

6. Do not understand me as saying that all the cases that have been reported as syphilitic, after vaccination, have been cases of primary infection.

It is a well-settled fact that a *pure* vaccination is often the exciting cause of great disturbance, and of serious manifestations of disease, in those of syphilitic and scrofulous diathesis.

7. Let nothing that I have said be so construed as to convey the idea that there is no protecting power against small-pox in any of the varieties of vaccine virus now in use. So far am I from entertaining this view, that until I can get lymph directly from the natural kin-pox, or in a direct line of human succession from it, I shall use the calf to calf virus, as the next best thing.

8. I honor the gentlemen who, at great pains and expense, have endeavored to supply the profession with virus which they believed was pure and efficient; and though I question its efficiency, and counsel a return to the old and sure method, I shall be glad to see the evidence that calf to calf virus is as good as that from original vaccinia. The burden of the proof lies with the advocates of the new product, and I for one shall look for it with deep interest. If they make out a good case, I shall be both delighted and surprised.

Treatment of Phthisis.—Numerous cases of phthisis are always to be found in the wards of Bellevue Hospital, and various plans of treatment are being pursued with a view to ascertain their comparative merits. Some of the results may be of interest to your readers. For the purpose of aiding in the assimilation of food, it is often necessary to use a bitter tonic before meals to excite an appetite, and with that object a teaspoonful of a mixture of Tr. Cinchonæ Comp. and Tr. Gentiani, equal parts, is given, iron in the form of Tr. Ferri Chloridi is used after meals, and various emulsions of cod liver oil are largely employed. Trommer's extract of malt is found to be of service in many cases. The cough is probably the most distressing symptom, and requires constant treatment. In some cases it is harsh, and expectoration is chiefly to allay the irritation in the bronchi and trachea. This is done by the use of hydrocyanic acid, combined with bromide of potash and given in syrup pruni. virgin, or by mixing equal parts of cyanide of potash and sulphate of morphia in syrup of tolu in such proportion that a drachm of the syrup shall contain one-eighth of a grain of each of the salts. It is not seldom found that a cough of this character is aggravated by an elongated uvula or by an irritable condition of the pharynx. If so, the pharynx and the uvula may be painted daily with a solution of nitrate of silver, gr. lx. to ʒj. with the result of allaying the irritation, or the extremity of the uvula may be clipped off with scissors. When laryngeal irritation is the chief factor in the cough, the use of narcotics is indicated, and a favorite mixture is one composed of equal parts of Hoffman's anodyne and U. S. sol. of morphia. This may be given in doses of ʒj. to ʒss., and many patients find it more serviceable than any other combination in arresting the cough at night and inducing sleep. To relieve irritation and excite secretion in a dry catarrh, the wine of ipecac is used in the form

of a spray, and with a little care it is possible to apply it to the greater part of the larynx, and even to reach the trachea, if the atomizer is properly directed, and used during the act of inspiration. All inhalation of powders has been abandoned in favor of the spray. When the cough is loose and expectoration free, those drugs are combined which will lessen the tenacity of the mucus and increase the power of the bronchial muscles. Stoke's expectorant mixture, containing Ammon. Carb., Ext. Senegæ, Ext. Scillæ and paregoric with syrup tolu is largely used, and a combination of Carbonate of Ammonia, $\bar{3}$ j. with Spts. Chloroformi $\bar{3}$ jv. and Infus. Cascarillæ $\bar{3}$ j. of which the dose is $\bar{3}$ ss., has also been of service. Some one of the above cough mixtures is usually employed with success, the indication to be met being ascertained before any selection is attempted.

The night sweats of phthisis are so weakening in their effect that some measures have to be employed to check them. A tepid sponge bath containing alum may be of service when the sweats are beginning and are not very severe. Sooner or later recourse must be had to some preparation of belladonna, and a simple solution of atropia is as efficacious as any elaborate combination. Of late, nitrite of amyl in doses of three drops given on a lump of sugar has been found useful, and it may be employed without or with a small amount (1-100 gr.) of atropia with good results. In several cases when atropin alone has failed to check the sweating unless given in doses large enough to produce disagreeable effects, it has succeeded when in combination with the nitrite of amyl. In other cases, the amyl alone is all that is needed. Various theories of its action are proposed, but no one is quite satisfactory. The fact of its efficacy is not disputed. The use of alcohol in phthisis has been sufficiently debated in books and journals. In the hospital it is at present freely used in most cases, and, it is thought, with good results. In the treatment of the diarrhoea of phthisis, opium is chiefly relied upon. The deodorized tincture, McMunn's Elixir, or a powder containing 1-6 grain of morphia, and 10 grains of bismuth are used indifferently, though the latter is probably employed in the majority of cases. To control the fetile movement nothing can supersede quinine.—*Cor. Chicago Medical Review.*

Pneumonia.—Dr. Corson in *Medical and Surgical Reporter*, says of the treatment of pneumonia :

To me it is simply an inflammation, and I would use rapidly, as early as possible, the means which, in a practice of half a century, I have found safe and most efficient in allaying inflammation. Well, here is my patient; he had a chill hours ago; he has some pain in his side, some cough, he feels very weak, his face is flushed, he is hot and theisrty, his pulse is over a hundred, the thermometer rises to 103°, he breathes scarcely at all through most of one lung; there is a little blood and viscous fluid, slightly rust colored, in the basin by the bedside: he knows how he got sick; he "was down in the iron ore shaft all yesterday, at work; came up in the evening to come home, and being in a perspiration, soon, in facing the wind, cooled off too suddenly." I propose to bleed him; he objects, on account of his great weakness. I tie up his arm, bleed him twenty ounces, or perhaps he feels faint by

the loss of less than that; expresses himself as being relieved somewhat of his oppression; he can lie more comfortably, he feels relieved of the fullness in the chest, but still he has a little pain in the side, or in the breast just above the nipple. I order him one-quarter gr. sulph. morph., direct that a towel wrung out of cold water, ice-water, if convenient, be applied over the affected part, to be changed frequently—or substituted by a bladder of ice and water. Then directing a mixture which contains some spirits of nitre, with about the 32d of a grain of sulph. morph. to teaspoonful every two hours, I leave him, with an express direction not to worry him by any offer of food. Next day, or even the same day, perhaps if I find that he is not entirely relieved of the pain, and is still expectorating viscid sputa, I bleed him again freely, and if need be, cup him, and after that he is generally safe. Some one will say—that may do very well for young, strong iron-ore diggers, but it would prove fatal to our delicate patients. Perhaps so, but in my experience I have found that the weak and frail need to have the same means used to allay a toothache or a sciatica, a pleurisy or a rheumatism, as the robust. They bear the remedies to cure an ague as well, and need them as greatly, as the strongest. I have often bled the infant strangling with croup, with immediate relief; weak women with pleurisy or pneumonia, old men and aged, very aged women, to relieve affections of the brain, or avert a paralysis.

Danger of Uterine Manipulations and Operations.—Dr. G. J. Engleman, in a paper to the State Medical Society of Missouri, illustrates the danger of intra-uterine injections. He mentions several cases of peritonitis and death from intra-uterine injections of iodine, and one in consequence of an application of tincture of iodine to the cervix. He says: “Dr. Theophilus Parvin, of Indianapolis, relates a very similar case; his patient was a married woman, 35, sterile, who was suffering from hemorrhage due to uterine fibroids, which she was known to have had for twenty years. At the time Dr. Parvin was consulted the hemorrhage was violent and uncontrollable, persisting, even after free dilation of the cavity and tamponing of the *os uteri*; other means having failed, he injected very freely into the uterus a warm solution of muriated tincture of iron, one part to seven parts of water; the patient at once fell into a collapse, which for half an hour was death-like; she rallied, to die within less than a week of the metro-peritonitis which followed.

Dr. Skene, of Brooklyn, writes me that he has in eleven cases seen violent uterine colic and shock follow the careful injection, into the uterine cavity, of tincture of iodine, water, mild solutions of nitrate of silver, and, in one instance, a metritis, from which the patient was years in recovering, after an injection of less than 3ss—30 drops of equal parts of tincture of iodine and opium.

These cases are but a few of the many, and, notwithstanding all that may be said to the contrary, the injection of fluid into the uterine cavity is a dangerous proceeding; and neither the double canula, or the syringe with gutter, or any of the other ingenious instruments which have been devised to facilitate the exit of the injected fluid are sufficiently reliable in their action to make this method a safe one.

Fischer, of Magdeburg, in an inaugural thesis, which appeared in

Halle A. S. in 1870, has compiled fifty-four published cases of alarming as well as fatal results following intra-uterine injections. It is the injection of the cavity of the undilated uterus which is fraught with danger, and which is uncalled for, since so many other equally efficacious and less dangerous methods of treatment have been devised. The injection of the puerperal uterus (post partum or post abortum), though not absolutely without risk, is so invaluable a remedy, be it hot water in post partum hemorrhage, or the carbolized solutions in puerperal affections, that we must overlook the very slight dangers accompanying them; it is only against the injection of perchloride of iron for the relief of post partum hemorrhage that I would protest, as very dangerous, and, if anything, less efficacious than the iron swab or the hot water douche.

[He mentions the case of Mrs. T. who, while using a syringe, had been seized with a sudden and severe pain—a uterine colic—which was followed by intense suffering.]

“I found my patient in great agony, the abdomen somewhat distended and exquisitely sensitive to the touch, most especially in the region of the uterus and the ovaries; pulse rapid and small; spasmodic increase of the pain. The subcutaneous injection of morph. sulph., gr. $\frac{1}{6}$ gave but little relief. Hot applications to the abdomen, and opium in $\frac{1}{4}$ gr. doses, slowly overcame the pain, and after midnight she fell into a restless slumber. The following day she felt sore, and remained quietly in bed. A speedy recovery followed.

Unquestionably, a few drops of the injected fluid entered the uterus. Since this time I always close the central orifice of the vaginal nozzle, and direct the injection to be used in the recumbent or semi-recumbent position, as more comfortable for the patient, less tiresome, and more advantageous, as securing a more thorough washing of cervix and vagina, which in this position, can retain the fluid. The habit of sitting or stooping over a vessel is exceedingly tiresome and trying, often, indeed, injurious, and at once neutralizes many of the good effects of the injection.

In order to obviate the dangers and discomforts arising from vaginal injections as ordinarily used, I advise my patients: 1. To plug the central opening of the vaginal attachment. 2. To assume the semi-recumbent, better the recumbent, position, with knees drawn up. 3. fountain or the bulb-syringe.”

[He gives six cases of deaths following the use of sponge tents.]—*Medical Abstract.*

Chloral in After-pains.—The following case is reported by Dr. Julia Carpenter. She says: I remained with the patient three hours after the birth of the child. During this time there were some after pains, which toward the last were severe enough to require relief, so the following was prescribed:

R Morphine sulphat., gr. ss
Aque camphoræ, ʒ j.

Sig. Teaspoonful every half hour, if needed, until three doses are taken.

Called again at eight o'clock p. m. Patient had had several pains

every fifteen minutes, but at that time they seemed to be getting under control. At one o'clock at night they came for me, saying the paroxysms were so violent they were alarmed; all the medicine had been taken and still no relief was afforded.

Knowing that the good recovery of this patient depended on the amount of nourishment she could take, no more remedies were given per os. Suppositories of one grain of opium were substituted, and flannels wrung out of hot water were constantly employed, a fresh one with every pain. This would always check a pain, but not prevent its recurrence. I remained with the patient until nine o'clock in the morning, when she seemed to be gradually getting relief. On returning at three o'clock, I found, though four suppositories in all had been used, and hot flannel constantly applied, the pains had returned with great violence.

I now concluded to try the efficacy of a small dose of chloral, without the patient's knowledge, as she had asked not to have it given to her, and by enema, twenty-five grains of chloral, in half an ounce of glycerine and water, were taken. The relief was *instantaneous*. "Oh! I'm so comfortable," was her immediate expression. Not one more pain returned, and the following night was spent in sound and refreshing sleep.

During the hours of severest contractions the flow ceased almost entirely, and no clots passed at any time. Twenty-four hours after the birth of the child the uterus was more than half way below the umbilicus, and subsequent to the relaxation from the chloral, there was a barely appreciable increase in size. The patient made an excellent recovery.

Poisoned by Vegetables from Poisoned Soils.—As it has been published in several newspapers and periodicals during the year that individuals had been poisoned and several had died from eating certain vegetables, such as potatoes and melons, which had been grown in soils where Paris Green had been used too freely for the purpose of killing certain bugs which infested the vines, it would be interesting and instructive to be informed by chemical analysis, or otherwise, how far or to what extent the soil of the ground is capable of eliminating from and imparting to vegetable productions poisonous substances deposited into the earth, either to destroy vermin or to fertilize the ground.

In one of our public institutions, about a year since, it was discovered that a bloody flux was prevailing extensively among its inmates, which prompted the managers of said institution to employ the service of a chemist to ferret out, if possible, the cause of that terrible malady. In his analysis, that chemist was successful in discovering raw and unchanged night soil deposited in the cells of the vegetables grown in the garden of that Institution, and of which the inmates had freely eaten, which had produced the bloody flux of which so many suffered. The night soil had been put in that garden in its natural and crude state, and in large quantities. The ground could not digest it.

As a sanitary precaution not only to public institutions, but to all citizens who purchase vegetables in our public markets, ought not this to be thoroughly investigated? It may be that some gardeners, through ignorance, use too freely unmanipulated night soils, or other

substances which are deleterious to the production of wholesome vegetables, and the maintenance of good health.—*Independent Practitioner*.

Delirium Tremens.—Mr. A. P. Hayne, of the "Home of Inebriates," San Francisco, Cal., says:

"In all forms of the acute variety there is no combination which, as the result of an experience of many years, can be compared to that of chloral hydrate and one or other of the bromides—especially the bromide of potassium. In doses of twenty grains of the former, with thirty or forty of the latter, given at proper intervals, either with or without a small quantity of spirit, or ale and porter, it is far superior to any other combination we have ever tried. The second or third dose seldom fails, in the majority of cases, to fulfil the main object of our endeavors, viz: to tranquilize nervous excitement, quiet the mental agitation, and produce sleep.

"In the selection of the former of these medicines (chloral hydrate) it is highly important to use none but the best article. We always use imported, generally the *German*, but the English and French are, perhaps, equally good. The American is decidedly inferior and often impure. It should be clear, semi-opaque, and crystalline, with a strong, pungent odor of chloroform, perfectly white.

"It is also an important point that both of these remedies should be given in full doses, otherwise we may be disappointed in their action, either singly or in combination.

"Occasionally we will meet with patients who will resist very large doses, and in these we sometimes combine one-eighth to one-quarter grain of morphine with each alternate dose.

"In an experience of many years, we have generally found the simple plan thus outlined answer all purposes; and while in some instances we have been compelled by the urgency of the case to push these remedies to an apparently alarming extent, sometimes as high as two hundred to two hundred and fifty grains of chloral hydrate in twenty-four hours, we have never seen a fatal result which should be attributed to an overdose of that much abused but invaluable remedy.

"That sudden deaths do sometimes occur in violent attacks of acute alcoholism, in all its forms, is a well-known fact; but in the vast majority of these the post-mortem examinations have revealed the true cause of death, and the explanation is rendered conclusive by the presence of serious effusions, cerebral hemorrhage, or embolism.

"Besides the effects of the chloride-bromide combination which we have just noticed, there is another advantage which the former remedy possesses in stimulating the appetite and enabling the stomach to retain nourishment. It also checks the profuse diaphoreses, controls the delirium, equalizes the cerebral circulation, and is the most certain of all hypnotics."

Apparent Death as a Result of Asphyxia.—Medical journals occasionally inform us of wonderful resuscitations brought about by the persistent use of artificial respiration; but two, lately reported to the Academy of Sciences, Paris, by Dr. Fort, Professor of Anatomy in the Ecole Pratique, are especially noteworthy, and teach us to per-

severe in any efforts we make to bring back signs of life. In the case of a child three years old, who had already been placed in the shroud, Dr. Fort commenced the use of artificial respiration, and after three and a half hours of steady work the child was brought back to life. The other case was that of a drowned man, who had been under water for twelve minutes before the body was recovered. Artificial respiration was commenced an hour afterwards, and after being kept up for hours the man was restored to life. The report of the meeting of the Academy does not give the details of the child's case before the appearance of the apparent death, nor what prompted the doctor to commence the artificial respiration.—*Medical Press and Circular*.

Toothache.—Now, a word as to a few medicaments and stoppings, adapted to giving present relief and temporary protection to an aching or sensitive tooth that may be saved. Every physician who treats teeth should have at hand the following:

Creosote and morphia,	0.05 to 4.5
Clove oil,	0.05 to 4.0
Bottle of sandarac varnish,	
Carbolic acid; dissolved crystals,	
A package of gutta percha pellets.	

I am strongly averse to advising any physician to have arsenic in readiness for use on teeth. It might, in rare cases, be used with advantage by skillful hands, but I am very sure that in the hands of any but a most competent and skillful dentist, it is an agent far more likely to be potent for evil than good. You had better leave arsenic as an applicant to the teeth in the hands of dentists only, and they had better use it but rarely. For my own part, whenever I find it necessary to extirpate a pulp, I much prefer giving an anæsthetic, and doing the operation quickly and at once with the dental engine, rather than use arsenic.

In this connection, I would remind any surgeon whose eye may follow this communication, of a fact he has seen before. that the dental, engine, with its saws, bitts, burrs, and trephines, is capable of great usefulness in operations upon bone; in cases of necrosis, some resections, ununited fracture, overriding fragments, removal of tumors, etc., and any surgeon may find it occasionally of great advantage to call this instrument into requisition.

Dr. W. E. Garretson, of Philadelphia, has written recently a monograph specially upon this subject.—*G. Newkirk, M. D., in Chicago Medical Journal and Examiner*.

Treatment of Acute Articular Rheumatism by Subcutaneous Injections of Ergotin.—Dr. Chevallerean read, at a recent meeting of the Societe Clinique de Paris (*La France Med.*, 1880, p. 724), a communication on the use of ergot in acute articular rheumatism. Having been called to see a little girl suffering with prolapse of the rectum, in whom he desired to use hypodermic injections of ergotin, he found her so crippled with rheumatism that she could hardly be turned on her side to permit the injection to be made. Forty centigrammes of the *solution Yvon* of ergotin having been administered by

the hypodermic syringe, next day the rectum continued in position, and, to the doctor's surprise, the rheumatism was much better, and the patient recovered without further medication. A little later, being called in to see a young lady of twenty-three, who was suffering with severe acute articular rheumatism, confined to the joints of the right side, fifty grammes of the solution were injected, with the result of marked amelioration. The injection being repeated three days later, the patient was completely cured within ten days. This treatment was subsequently employed in a number of other cases, and always with success. The cases were not accompanied by high fever.—*Times*.

Diphtheria.—Dr. Cleave, (in *Louisville Medical News*,) says :

Diphtheria is a constitutional disease with local manifestations. I regard it as a very important step to get rid of the patches deposited upon the fauces and mouth. To remove all of these promptly, apply with a mop saturated with turpentine. This article penetrates through the tough deposit, lifts it off, and leaves a red, shining base, that very soon gets well. Apply every two or three hours until every vestige of this dirty white deposit disappears and fails to return. I give my patients tinct. iron largely, with quinine and the best old whisky freely, with an ample supply of liquid nourishment. Husband the strength of the patient. No purgatives save as a dire necessity. I regard the turpentine worth more than all other local applications. I still use chlorate of potassium, but doubt its real value. I do not say this plan will cure every case, but I do say it is wonderfully successful. I have been using it successfully for years.

Reprehensible Practice.—A correspondent of the *Druggist's Circular* writes as follows : "A few weeks since, a young man suffering from toothache asked a druggist for something that could relieve him. The druggist dissolved eighty grains of chloral hydrate in one ounce of syrup of ginger, gave one drachm of it, undiluted, to the patient, and wrote on the label, 'A teaspoonful every half-hour till relieved.' The patient had six doses as directed, when he was taken with convulsions, palpitation of the heart, and finally unconsciousness, attributed by regular physicians, then called in, to an overdose of chloral. The consequence was that the patient was sick for two weeks from the effects of the dosing, and claims that the druggist did wrong and should pay the doctors' bill. The druggist claims that he was not wrong, and should do the same thing again. Is the druggist culpable or not?"

The editor replies at once, and plainly, that the druggist is guilty of criminal imprudence ; and we are convinced that our readers will agree with him in this opinion.

Chloral Cure for Toothache.—Dr. Sporer, of St. Petersburg, uses chloral hydrate in the following manner :

Take three or four small lumps of chloral, wrap them in a little wadding, place this tampon in the hole in the tooth, and let it remain until dissolved. The most severe toothache will disappear in a few minutes under this treatment.

SCIENTIFIC ITEMS.

Ozone.—Ozone is a modification, or what is sometimes called an "allotropic," of oxygen. It differs remarkably in its properties from ordinary oxygen, being far more energetic in its action. It attacks many metals and other substances which are not affected by oxygen. It is on account of this intenser energy that it is a powerful bleaching and disinfecting agent. Its specific gravity is one-half greater than that of oxygen. It has also a peculiar odor, from which it gets its name.

As oxygen has been liquefied, we might expect that ozone (or, rather, the mixture ozone and oxygen, for the former cannot be obtained pure) would be also reduced to the liquid state; and this has been accomplished by Troost and Hautefeuille. They first succeeded in preparing ozone in a more concentrated form than had previously been known. They obtained gas containing 60 per cent. of ozone; and interesting results are got by compressing this gas, or even oxygen with 20 per cent. of ozone, in Cailletet's apparatus for the liquefaction of gases. Sudden compression gives rise to very brilliant luminous phenomena. Much heat is liberated, the tube flies to pieces, and the ozone is converted into ordinary oxygen. If the compression is conducted slowly, the gas becomes violet-blue, the tint growing deeper and deeper. This is evidently the color of ozone, as other experiments, which we cannot describe here, also prove. When the ozone, after being subjected to a pressure of thirty-five atmospheres, is allowed to expand suddenly, a blue mist appears, which consists of liquefied ozone. To reduce oxygen to the same condition of pressure of three hundred atmospheres is required.

The Color of Ozone.—A paper recently read before the French Academy of Sciences contains some interesting facts relative to the liquefaction of ozone. A reservoir containing oxygen, at a temperature of 9.4° below zero (Fah.), is charged with ozone, and pressure applied by a column of mercury acted upon by a hydraulic press. Immediately the gas begins to turn to an azure blue color, deepening the shade as the pressure increases. The liquefaction of ozone was obtained by applying a pressure to the ozonized oxygen of 75 atmospheres, while 300 atmospheres of pressure would have been required for pure oxygen. The fact was also established that ozone is an explosive gas, since unless compressed slowly and at a low temperature, it exploded with a yellow flame. Its heavenly blue color was rendered manifest not only under heavy pressure, but under all circumstances.—*Drug. Circular.*

The Occurrence of Tails in Men.—Prof. Virchow, in a brief article on this subject, translated in the Medical Times, refers to several cases which have been reported by recent or older writers. Dr. Ornstein, of Athens, surgeon-in-chief of the Greek army, has recently reported several instances of abnormal growth of hair in the sacral region, which Virchow designates as "sacral trichosis." Ornstein's view was that these growths were atavic in character, and were analo-

gous to the hairy tails of inferior animals. Virchow, having met with a case of partial lumbar trichosis, investigated the matter, and came to the conclusion that two similar but distinct conditions may exist—either a simple growth of hair or a hairless prolongation from the coccyx, of a cutaneous nature. Virchow's case appeared on examination to be an unusual form of *nævus pilosus*, situated over the closed *spina bifida* of an adult woman, and evidently to be explained by the supposition of early local irritation. But, on the other hand, medical literature certainly affords a certain number of examples of true tail formation in man, this appendage apparently resulting from elongation of the vertebral column. None of these cases, however, were complicated by the abnormal growth of hair. One of Ornstein's cases showed a distinct elongation five centimeters (two inches) in length. It appeared to originate in the attachment between the first and second false vertebrae of the coccyx. The process itself was hairless, but a decided collection of hair appeared over the sacral region.

Michel has pointed out that in the human embryo a rudimentary tail is distinctly made; and the discovery of men with tails seems to lend support to Lord Monboddo's theory that all mankind originally wore them. Virchow remarks upon the frequent occurrence of a considerable quantity of hair upon the sacral region of new-born children.

One of the longest tails on record is that reported by Greve in 1878, (Virchow's Archiv, Bd. 72, p. 120). This occurred in the case of a new-born infant, was 7.5 centimeters in length, and moved about when pricked with a needle. It was removed by an operation. Virchow recently dissected this tail, and found it not to contain any bone, cartilage, or muscle; nevertheless, it was a good substitute for a tail.

The custom among certain savage nations of attaching artificial tails to the person has been regarded by some anthropologists as a reminiscence of the happier times of tailed ancestors. Virchow, however, throws some doubt on this theory.

The Physiology of Walking.—M. Marey, by means of an ingenious instrument, called the "odograph," has discovered some interesting facts in regard to walking. It was ascertained that the step is longer in going up hill than in going down hill. It is shorter when a burden is carried, longer with low than with high heeled boots; longer when the sole is thick and prolonged a little beyond the foot than when it is short and flexible. It appears that the heel may be advantageously removed almost entirely; but it is disadvantageous to prolong the sole beyond a certain limit, or to give it more than a certain amount of stiffness. On level ground the step becomes longer in proportion to its frequency. In going up hill the steps are longer, but less frequent.

Strength of Insects.—At a meeting of the Maryland Academy of Sciences recently, Dr. Theobald showed a species of beetle and gave the following figures: Weight of beetle, two grains; weight moved by it, $5\frac{1}{2}$ ounces—2,640 grains, or 1,320 times the weight of the beetle. A man weighing 150 pounds, endowed with the strength of this insect, should therefore be able to move 192,000 pounds, or nearly 100 tons.—*Scientific American*.

PRACTICAL NOTES AND FORMULÆ.

Diphtheria.—The following is suggested by a writer (in Lancet and Clinic) as a good treatment in many cases of diphtheria:

First twenty-four hours: Saline cathartic. Topical: tincture iodine all over the cervical region, paint it every four or six hours. Locally:

R Hyposulphite sodæ.....	℥ i
Aq. menth. pip.....	℥ vii
Bro. ammonium.....	℥ iv Mix.

Gargle every two hours and take one teaspoonful at same time.
Constitutional treatment:

R Carb. ammonia.....	℥ ss
Acid acet. dil.....	f℥ i Mix.

After effervescing add:

Tinct. ferri chloridi.....	℥ i
Glycerin pure,	
Aq. menth. pip.....	aa qs
Ft. oz. viij.....	(f℥ viij)

S. One teaspoonful every two hours.

At the expiration of forty-eight hours we use the iron mixture every two hours, alternating with whisky and quinine, and continue the latter until our patient is perfectly restored. Topical applications are of but little consequence after two or three days. In place of the iodine some oleaginous mixture should be applied to the neck for two or three days.

A Vehicle for Salicylic Acid.—A pleasant and agreeable method of administering salicylic acid is as follows: Take Oswego corn-starch one tablespoonful, to be thoroughly rubbed up in several ounces of cold water. Add a quart of milk, set on the fire, and stir until the mixture has boiled sufficiently to become homogeneous. The addition of sugar and essence of vanilla or lemon will give a delicious blanc-mange. Twenty grains of the salicylic acid can be rubbed up in a mortar with a cupful of the blanc-mange, which may be eaten warm or cold. The acid taste is entirely disguised, and a medicine irritating to a healthy stomach can be safely administered in combination with a nutritious but light food to such patients as are in need thereof.—Dyer, in *Louisville News*, Oct. 8.

Esmarck's Caustic Powder.—

Arsenious acid.....	15 grains.
Sulphate of morphia.....	15 "
Calomel.....	2 drachms.
Powdered gura arabic.....	12 "

Mix. This is sometimes called painless caustic powder, although the propriety of the name is doubted by some.—*Drug. Cir.*

Bismuth Hair Dye.—

No. 1.

Citrate of bismuth.....	1 ounce.
Rose water.....	2 ounces.
Distilled water.....	2 "
Alcohol.....	5 drachms.
Ammonia, sufficient.	

No. 2.

Hydrosulphate of soda.....	12 drachms.
Distilled water.....	4 ounces.

Each solution is to be applied separately, the No. 1 first, and No. 2 when this has dried thoroughly. To insure success, the hair must previously be well freed from all oily substances, natural or added, by means of some of the weak alkaline solutions commonly known as shampoos. The hair, being then rapidly dried, is ready to receive the dye. These remarks apply to all hair colorings.—*Drug. Cir.*

Salicylic Acid as a Foot Powder.—As a protection to the feet, in the Russian army, salicylic acid is used. It is in the shape of a powder, and is a great preventive against perspiring and sore feet.

COMPOSITION.

Acid salicylic.....	3 parts.
Amylum.....	10 "
Powder of taltum.....	87 "

It is applied dry; on a march daily; in garrison, every two or three days. It takes off the irritating influence of the perspiration of the feet, and prevents, in consequence, the soreness.

In the Italian army aniseed is similarly used in hot weather.—*Med. and Surg. Rep.*

Furniture Polish.—

Linseed oil.....	2 pints.
Alcohol.....	$\frac{1}{2}$ pint.
Vinegar.....	$\frac{1}{2}$ "
Butter of antimony.....	2 ounces.
Spirit of turpentine.....	$\frac{1}{2}$ pint.

Shake well before using, and apply with a woolen rubber.—*Druggists' Circular.*

Hair Dye with One Preparation.—The following can be used for the whiskers as well as for the hair. None of them is, or can be, patented:

Nitrate of silver.....	1 ounce.
Distilled water.....	8 ounces.
Water of ammonia, sufficient.	

Dissolve the silver salt in water, and add ammonia to the solution until the precipitate formed at first is redissolved. This gives a black dye. To obtain a brown color, increase the proportion of ammonia and water.

Peptized Milk as Food for Infants and Invalids.—Nunn recommends the following modes of preparing this valuable food: Take one pint of milk at 80°F., add a teaspoonful of rennet solution to 10 grains of pepsin, and keep the mixture at 80°F. When coagulation is complete, but before the whey has begun to separate, beat the whole up smooth with a whisk or beater, and pass through a fine milk-strainer to insure the minute division of the curd. This preparation appears to keep equally as well, or better, than raw milk, remaining apparently unchanged for twenty-four hours if kept cool. Dilute and sweeten for feeding as usual.

By this method coagulation is complete, and no further change of that nature is requisite, the weakened stomach of the invalid receives the necessary nutriment, carrying with it its own digestive principle.—*Buffalo Med. and Surg. Jour.*, Dec., 1880.

Effervescent Beverages.—A correspondent of the London *Chemist and Druggist* supplies the following formulæ:

GINGER BEER.

Brown sugar.....	2 pounds.
Boiling water.....	2 gallons.
Cream of tartar.....	1 ounce.
Bruised ginger root.....	2 ounces.

Infuse the ginger in boiling water, add your sugar and cream of tartar; when lukewarm strain; then add half pint good yeast. Let it stand all night, then bottle; if you desire, you can add one lemon and the white of an egg to fine it.

LEMON BEER.

Boiling water.....	1 gallon.
Lemon sliced.....	1
Ginger, bruised.....	1 ounce.
Yeast.....	1 teacupful.
Sugar.....	1 pound.

Let it stand 12 to 20 hours, and it is ready to be bottled.

HOP BEER.

Water.....	5 quarts.
Hops.....	6 ounces.
Boil three hours, strain the liquor, add	
Water.....	5 quarts.
Bruised ginger.....	4 ounces.

And boil a little longer, strain, and add 4 pounds of sugar, and when milk-warm, 1 pint of yeast. Let it ferment; in 24 hours it is ready for bottling.—*Druggist's Circular*.

Nervine.—

R	Tinc. hops,	
	Tinc. valerian,	
	Camphor water.....	aa ʒ ij.
	McMun's elix. opil.....	ʒ ij. M.

Dose, tablespoonful. Excellent anodyne in nervous conditions, or to promote rest in cases of insomnia.

Bronchitis.—Dr. Fothergill, of London, recommends the following cough mixture in the obstinate cough of bronchitis :

R Chloroform.....	gtt xx.
Hydrobromic acid.....	3 ss.
Syr. of squilla.....	3 j.
Water to make.....	3 j.

Dose—One to two tablespoonfuls three to four times a day.

In Bellevue Hospital the following cough mixture is used :

R Ammon. carb.....	½ drachm.
Fluid ext. senega.....	—
Fluid ext. squill.....	aa 1 drachm.
Paregoric.....	6 drachms.
Water,	½ ounce.
Syr. tolu q. s. to make	4 ounces.

Dose—One tablespoonful.

Remedies for Chilblains.—The following formula for Dr. Valentine Mott's Remedy is given in the Proceedings of the Medical Society of the County of Kings :

R Beef's gall.....	4 ounces.
Ol. terebinth.....	4 "
Spts. vini rect., 90 per cent.....	1½ "
Tinct. opii.....	1 "

Another formula for the same affection is—

R Beef brine.....	1 pint.
Potassæ nitratis.....	2 drachms.
Aquæ ammoniæ.....	3 ounces.

—*Druggists' Circular.*

For Asthma.—

R Potassii iodid.....	2 drachms.
Morphæ sulphatis.....	½ grain.
Tinc. squills,	
Tinc. lobelia,	
Syrup.....	aa 1 ounce.

M. A tablespoonful three times a day in asthma with emphysema and chronic bronchitis.

Treatment of Choleraic Diarrhœa by the Hypodermic Injection of Morphia.—Mr. W. Hardman says (*Lancet*, vol. ii., 1880, p. 538) that choleraic diarrhœa can always be immediately stopped by the administration of morphia hypodermically. If severe diarrhœa has persisted over two hours in spite of the administration of morphia and opium, hypodermic injection of morphia should be at once resorted to. The treatment is absolutely free from danger, even if albuminuria or temporary suppression of urine be present. In severe cases obstinate vomiting may persist for twelve to forty-eight hours after the purging is stopped; but this need not occasion any anxiety; it is the purging that kills.—*Times*.



EDITORIALS AND MISCELLANEOUS.

EDITORIAL NOTICES.

Maltine in Phthisis.—Examine carefully Reed & Carnrick's preparations on inside back cover page.

Trommer's Extract of Malt.—The advertisement of this excellent preparation should be examined—on first inside cover page—especially useful in certain forms of dyspepsia.

Johnston's Fluid Beef.—Don't fail to examine the advertisement of the above article. We have used it, and can recommend it as a superior preparation.

Powell's Manufacturing Co., Baltimore, Md.—See the insert of the above Co., in this Journal. We have reason to believe that their preparations are excellent. We are particularly pleased with their Beef, Cod Liver Oil and Pepsin.

The Popular Science Monthly for January, is a number of great interest, sustaining its high character as a popular Scientific Journal. It is published by D. Appleton & Co., 1, 2 and 3 Broad St., New York. Subscription \$5 per annum.

Sunday Gazette.—This is a large weekly newspaper, published in Atlanta, and very popular with the citizens of the city and the reading public generally. We can recommend it as an excellent Political and Miscellaneous Family paper. See the advertisement in this journal.

The Southern Medical College—Atlanta.—The Commencement exercises of the above School will take place on the evening of the 3d of March. The occasion will doubtless be an interesting one. The Commencement Address will be delivered by Rev. Mr. Evans, of Atlanta, at DeGives Opera House, and the Diplomas will be presented by Prof. Powell, the President of the Board and Faculty. A valedictory will be delivered by a member of the class, and other exercises of an attractive character will take place. In our next issue we will give a more particular account, embracing a list of the graduates and the entire programme. Resident Physicians and Medical men visiting the city, and all parties interested, are invited to be present. W.

CONSULTATIONS.

We doubt not that all experienced practitioners have learned to be cautious in regard to consultations. It is a lamentable fact that comparatively few physicians are familiar with the code of ethics on this point; and unfortunately there are those who, though acquainted with the code and its principles, yet do not regard them, or who, while observing the letter, manage to violate the spirit of the instrument. These remarks are designed to invite attention to this subject by members of the profession everywhere, so that those who have not read the ethics may perhaps be induced to do so, and that those who have read it may refresh their minds by reading it again. We do not attempt here to detail the particulars of the code, but, reduced to its essence, it simply means this—"Do as you would be done by."

An intelligent gentleman of the profession recently remarked in our hearing—"I will never call another consultation if I can possibly avoid it." When asked the reason why, he stated that the party consulted nine times out of ten done or said something that lost the attending physician the confidence of the sick man's family, and his practice thereafter, or otherwise injured his professional reputation."

We have had the same to occur in our experience. It often occurs that a physician calls in a professional brother, not so much for counsel as for support in cases where he sees increasing alarm and anxiety on the part of the friends. For the physician consulted under such circumstances to suggest an immediate and radical change of treatment, thereby giving the impression that something else was indispensable and imperative, is calculated to injure the physician in attendance. He should rather seek to sustain the family physician, complimenting, if possible, his medical skill, carefully avoiding, either by remark, inuendo, shake of the head, or anyway whatever, doing anything to the prejudice of the attending physician. There is one method of hurting a professional brother which is often done thoughtlessly, but more frequently with intent to injure the physician in charge. It is the relating of cases *just like it* that you have cured. In fact there are a thousand ways of injuring a professional brother without violating the letter of the code. We expect to recur to this subject at a future time.

SOUTHERN MEDICAL COLLEGE HOSPITAL.

It will interest the friends of medical education in the South to learn that ere long all the needed facilities for securing a medical education of the highest order will be found in Atlanta.

The Trustees and Faculty of the Southern Medical College have determined to supply the only want which they have heretofore felt was necessary to place the Institution second to no school in the United States in respect to educational facilities, and that is a hospital.

Steps have already been taken to accomplish this desired object. A central and eligible lot has been secured, upon which is a building of good size. To this, improvements and commodious additions will be made, and the entire structure will be ready for occupants by the opening of the next course of lectures in the Institution.

Proceedings of the Louisiana State Medical Society, at its third meeting held in the city of New Orleans, March 31st, 1880.

The contents consist of the following interesting papers:

President's Annual Address—Dr. J. W. Dupree; Address of Annual Orator—Rev. H. M. Thompson, D. D.; Report of Standing Committee on State Medicine—Prof. S. E. Chaille, M. D.; Report of Chairman of Auxiliary Committee on State Medicine—Dr. J. P. Davidson; Report on Public Hygiene—Dr. S. S. Herrick; Report on Medical Education—Dr. C. J. Bickham; Report of the Corresponding Secretary—Dr. S. S. Herrick; Report on Hydrophobia—Prof. T. G. Richardson, M. D.; The Conservative Influence of Diseases—Dr. A. B. Small; Medical History of Plaquemine's Parish, 1879—Dr. D. B. Fox; Incised Wounds of the Abdomen—Dr. R. H. Day; Cold Douche in Algid Fever—Dr. A. W. DeRoaldes; Morbus Coxarius—Dr. M. Schuppert.

The following are the officers elect for the year, to-wit:

President—Dr. C. M. Smith, Franklin, St. Mary Parish; *Vice-Presidents*—Dr. D. R. Fox, First Congressional District, Jesuit's Bend, Plaquemine Parish; Dr. J. P. Davidson, Second Congressional District, No. 473 Carondelet Street, New Orleans; Dr. P. S. Postell, Third Congressional District, Plaquemine, Iberville Parish; Dr. A. A. Lyon, Fourth Congressional District, Shreveport; Dr. G. M. Brumby, Fifth Congressional District, Delhi, Richmond Parish; Dr. O. P. Langworthy,

Sixth Congressional District, Clinton, East Feliciana Parish; *Recording Secretary*—Dr. L. F. Solomon, No. 19 Baronne Street, New Orleans; *Corresponding Secretary*—Dr. S. S. Herrick, No. 427 Carondelet Street, New Orleans; *Treasurer*—Dr. Geo. K. Pratt, Corner Canal and St. Charles Street, New Orleans.

MEDICAL SOCIETY OF PENNSYLVANIA.

Transactions of the Medical Society of the State of Pennsylvania at its 13th Annual Session held at Altoona, May, 1880. Vol. XIII, Part 1. Published by the Society, Philadelphia, 1880. Collins Printer, 205 Jayne Street.

This is a large and creditable volume of 494 oc. pages, containing elaborate and valuable papers on many important subjects. It includes reports from both the Central and Local or County Societies.

We have not space for a full notice of the articles from the several authors. Those read or delivered before the Society proper, are as follows:

President's Address, by Dr. Nebinger; Report on Medical Legislation, by Dr. R. L. Sebbit; Fibroid Tumors of the Womb, by Dr. Wm. Goodell; History of Obstetrics in Pennsylvania, by Dr. J. T. Carpenter; New Remedies in the Treatment of Skin Diseases, by Dr. John V. Shoemaker; Address on Surgery, by Dr. John H. Packard; Hyper Distension of the Air Cells as a Therapeutic Measure, by Dr. J. S. Cohen; Treatment of Asthma, by Dr. Wm. Pepper; Address on Hygiene, by Dr. Benj. Lee; An Open Adjustable Appliance for the Treatment of Spinal Curvature, by Dr. E. H. Coover; Bromide of Ethyl as an Anaesthetic in Practical Surgery, by Dr. John B. Roberts; Note on the Alkaloids of Cinchona, by Dr. Benj. Lee; Enumeration, Classification and Causation of Idioey, by Dr. Isaac N. Kerlin; Report on an Operation for the Removal of an Unusually Large Submucous Fibroid of the Uterus, by Dr. S. T. Davis; The Normal Axis of the Sole of the Human Foot, by Dr. Benj. Lee; Puerperal Septicæmia, by Dr. Wm. H. Parish.

BOOK NOTICES.

HAND BOOK OF URINARY ANALYSIS: CHEMICAL AND MICROSCOPICAL. For the use of Physicians, Medical Students and Clinical Assistants. By Frank M. Deems, M. D., Laboratory in the Medical Department of the University of New York; Member of the N. Y. County Medical Society; Member of the New York Microscopical Society, etc., 12 mo., Limp Cloth, 25 cents. New York: Industrial Publication Co.

"This Manual presents a plan for the systematic examination of liquid urine, urinary deposits, and calculi. It is compiled with the intention of supplying a concise guide, which, from its small compass and tabulated arrangement, renders it admirably adapted for use, both as a bedside reference book and a work-table companion. The author is well known as one who has had for several years a very extended experience as a teacher of this important branch of physical diagnosis, and he has compiled a manual which will serve to lessen the difficulties in the way of the beginner, and save valuable time to the busy practitioner. The arrangement of matter, and the small though clear type in which it is printed, has enabled the author to compress a great deal into a very small compass, so that, while serving all purposes of an analytical table, it is really a good deal more, although it is not, of course, to be supposed that this brochure can take the place of larger books."

HOW PERSONS AFFLICTED WITH BRIGHT'S DISEASE OUGHT TO LIVE. By Joseph F. Edwards, Philadelphia. Presley & Blakiston, 1012 Walnut St., 1891.

A little work of 87 pages, containing some very valuable thoughts and suggestions.

THE BACTERIA. By Dr. Antoine Magnin, ¹Scienteate of Natural Sciences; Chief of the Practical in Natural Hist. y to the Faculty of Medicine of Lyons; Laureate of the Faculty of Medicine of Paris (silver medal, 1876); General Secretary of the Botanical Society of Lyons; Member of the Botanical Society of France, etc. Translated by George M. Sternburg, M. D., Surgeon United States Army. Boston; Little, Brown & Co., 1880.

This is a very timely work by Dr. Sternburg—the translation of the admirable treatise of Dr. Magnin, in which we have perhaps the best resume of what is known in the department of Micro-Organisms anywhere to be found. It is timely because of the great interest now taken in the subject, as a result of the action of our Government in the appointment of a National Board of Health, whose investigations it is hoped will result in new developments and new light upon a subject very much neglected and little understood by the profession in this country.

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[Receipts not acknowledged privately are entered here.]

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SPECIAL NOTICES.

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THE Southern Medical Record.

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R. C. WORD, M.D., Managing Editor.

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VOL. XI.

ATLANTA, GA., MARCH 20, 1881.

No. 3.

ORIGINAL AND SELECTED ARTICLES.

CONVERSATIONS UPON THE PHYSICAL AND MENTAL HYGIENE OF GIRLHOOD.

BY T. S. POWELL, M. D.,

Professor of Obstetrics and Diseases of Women, and Lecturer on Medical Ethics in
the Southern Medical College.

CONVERSATION III.

Mother—"Doctor, good morning. I am glad to see you. Mary is still improving, under your treatment, but I have, since I saw you last, noticed a symptom about her health that gave me a little anxiety."

Doctor—"What is that, madam? Nothing serious, I hope."

Mother—"No, I trust not; but she frequently, after breakfast and supper, complains of palpitation of the heart—at least its pulsation seems quicker than usual, and not altogether regular."

Doctor—"What does your daughter usually eat and drink at breakfast and supper?"

Mother—"Well, usually, bread and butter, eggs, grits, and some kind of sweetmeats, and drinks coffee at both meals. She is very fond of coffee, and likes it rather hot and strong."

Doctor—"The coffee is, no doubt, the cause of the palpitation of her heart. I have observed your daughter is of an excitable temperament, and the ill health she has had for some time has, of course,

weakened her nervous system greatly. She ought not to drink coffee, unless it is half milk, and then only at breakfast."

Mother—"All our family are very fond of tea and coffee. Do you think neither of them is a wholesome beverage?"

Doctor—"Well madam, that greatly depends upon the condition, temperament and mode of life of the parties who use it as a beverage; and if tea, whether it is black or green. Both have narcotic and astringent principles. The green tea contains more than the black, and affects more powerfully the nervous system; also, in so many ways, that it is rather an unpopular and unprofitable subject to discuss. For instance, there are some persons who are exhilarated and refreshed by a cup of good tea, either green or black, but it will affect others in an opposite manner, producing great depression, with a variety of nervous symptoms. There is still another class of persons who are not benefitted by the use of tea—I mean those who suffer from indigestion in any form. Hence, there is no beverage of which a greater variety of opinions have been expressed."

Mother—"Yes, I have heard various opinions advanced about tea as a drink, but none of them seemed satisfactory."

Doctor—"Some writers regard tea as a poison; others recommend it as a valuable stimulant, and go so far as to say that it assists the digestive organs in their office. I think all these opinions are true, if applied with discrimination to the classes of persons I have mentioned. If taken in moderate quantity, at a moderate temperature, and at proper times, unpleasant effects are seldom produced.

It is certainly injurious to drink of tea copiously during meals or soon after. Some think that in such quantity it interferes with digestion by diluting the gastric juice, distending the stomach, and retarding chymification on account of its narcotic and astringent principles. It is evident that if the stomach is greatly distended with a fluid of any kind, it will be more difficult for the solids to be digested; but as to the fluid diluting the gastric juice, I am not fully prepared to endorse this opinion, because the gastric juice is not very soluble in water. At the same time it is true that this important element in the process of digestion cannot act upon solid food when too much fluid has been taken into the stomach. On the other hand, if the solid food is of a dry, hard nature, the fluid must be sufficiently copious to soften its solidity, or digestion will be equally if not more impeded. Therefore, different kinds of food require an intelligent discrimination as to the quantity of fluid to be taken while eating, so as to perfect chymification or digestion. Now, madam, a few words on the subject of coffee."

Mother—"Before you give me your opinion upon coffee, please tell

me what kind of food requires more or less fluid to promote the proper digestive action, and at what times should it be taken."

Doctor—"I do not know that I can answer these questions conclusively, as hygienists differ upon the subject. Besides, their various opinions would probably be of no especial benefit to you, and it would consume so much time to enumerate them that I fear it would tax your patience."

Mother—"No, indeed, Doctor. I would listen attentively, and try to understand. I am very much interested in the subject."

Doctor—"I think you are, madam, and I see you have one beautiful and profitable accomplishment, not possessed by all of your sex—that of being a charming listener—an accomplishment as much needed in the discussion of these plain but important questions as in the most brilliant topics of the drawing-room. In my preceding remarks I stated that food of a dry or hard consistency required more liquid than vegetables, as most of the latter have but little solidity after being prepared for the table. You know that more or less liquid is also required in cooking different articles of food, as baked meats must have more liquid in preparation than if roasted, and boiled meats must have more than either. As to the best time for taking liquids, I have also partially answered, but will be more explicit by saying that too much liquid drank just before, just after or during meals, will certainly interfere with the stomach in properly performing its natural functions; but if the nature of the food requires it, a small amount of liquid really assists digestion. There is but little food ever eaten that is so dry as to call for more than merely sipping the tea or coffee, or whatever fluid is used. It is gulping down many cups or glasses of the beverage that does the harm."

Mother—"Yes, I know that is true, and as an illustration, I used to think that I could not eat fresh fish, mackerel, etc., because it made me so very thirsty it seems I could not help drinking water until I was threatened with congestion of the bowels, and felt miserably for hours after eating. Some one then told me if I would control my thirst and drink no water at all for three or four hours after eating fish, I would find that it was the copious drinking of water that made me sick, and not the fish. I tried it, and found it true to my great gratification, and not only in regard to fish, but other dishes, and all fresh or salted meats."

Doctor—"Certainly, madam, because, as I have said, food, especially meats, cannot be well or quickly digested when floating in a large quantity of water or other liquid in the stomach. I know a lady who ate moderately of fried fresh fish one day at dinner. During the afternoon she drank, I suppose, more than a quart of cold water, and

about 6 o'clock that evening she was taken with congestion of the bowels, and came very near dying. Now, every one in shameful ignorance of the laws of health, would say it was the fish that made her sick, when, in reality, it was the large quantity of water she had drank. The fish was fresh from the river, delightfully cooked, delicious and wholesome in every respect, but it had to bear the responsibility of the attack of almost fatal illness. The proper time to take liquids is between meals, but not in these copious quantities. The only time when it is best to drink anything soon after eating, is when frozen fruits or ice-cream have been eaten at the table, as at dessert, for instance. Then a very small cup of coffee or tea pleasantly hot, can be taken with benefit, because it neutralizes the chilling effects of the iced viands. Digestion cannot be brought about perfectly when the stomach is either chilled by frozen articles of food, or unnaturally heated by those eaten almost scalding hot. Later after eating, water may be drank moderately without any injury, and indeed is then often necessary for the re-supply of our fluids as the chyle is being assimilated, and entering the blood to undergo its last change, and a certain quantity of liquid is now needed to complete its operations, and carry off the unnutritious matter."

Mother—"Do you think tea is more wholesome than coffee?"

Doctor—"Coffee is the more stimulating, but like tea, has dissimilar effects upon the nervous system of different persons. In some instances it prevents sleep, and in dyspeptics frequently produces acidity of the stomach, but with most persons a small cup of coffee taken at meals does not disturb digestion as tea is often found to do, but really increases and quickens the forces of the stomach, and enables some dyspeptics to digest articles of food that without it would have given great distress. When taken in such cases, for this purpose, it is best to have the coffee made by infusion or boiling, so that much of the aroma may be thrown off before drinking. If agreeable to the taste, a little sugar may be used, as this does not change the properties of the coffee, but milk weakens the effects and should not be used when the drink is taken as a promoter of digestion."

Mother—"But if the milk lessens the stimulating effects of the coffee, it is better for nervous people to use it in that way, is it not?"

Doctor—"Decidedly, and if they have a distaste for the milk, and the coffee is a strong infusion, it should be diluted with hot water or what is better, beat the yolk of a fresh egg in the cup, add the sugar, then stir in the coffee. A cup of tea or coffee prepared in the latter manner is very nourishing, especially suited to invalids, and all nervous persons who use coffee or tea, as the addition of the egg seems to lessen the stimulating properties of these beverages. It also gives it a rich and pleasant flavor, and is preferable to cream or milk."

Mother—"If tea nor coffee is good for our children, I am satisfied they have been a great injury to many. Would it be better to give them chocolate or cocoa?"

Doctor—"I know but little of them experimentally, as I have never been fashionable enough to use either; but in my judgment both are injurious as a beverage. They contain so much nutritive matter, they should be considered more as a food than a drink. Chocolate has a much larger amount than cocoa, and is also adulterated with various articles which make it more liable to disagree with the stomach, and often produces more or less nervous excitation. It also contains an oil which is so difficult to assimilate, that it furnishes but little nourishment to the system, and that little at great expense to the functions of the stomach. Cocoa contains less oil, and less nutrition, and is therefore not so objectionable as a beverage, nor so apt to interfere with digestion, but neither should be used by children or invalids. But madam, I must go now. Mrs. ———, who has been expecting me for two hours, will give me—well, you know how she can bless a fellow."

Mother—"Never mind about Mrs. ———, she is a good woman if she does sometimes get into a pet, and say ugly words. If tea, chocolate nor coffee is good for children, do tell me what should I give mine to drink."

Doctor—"There is one kind of tea that is good for them, madam, and is also really delicious when properly prepared. It is an old fashioned drink, and what our mothers and grand-mothers called 'kettle tea.' It is made by putting the teacup one-third full of fresh, rich sweet milk, then pour in water *boiling* hot until the cup is full, add as much white sugar as is desired, and if the milk is *pure* as well as fresh and sweet, you now have a wholesome drink, and one that all children will think delicious."

Mother—"Oh, yes, I have often prepared that kind of tea for my babies, but thought it only suited to children *as* babies."

Doctor—"It is suitable for them at any age, my dear madam, even after they become men and women, and I have known not only rosey, cheeked girls, but great rollicking boys, who had been accustomed to this drink all their lives, to actually cry for it if it was missing at the time. They usually took it with their food. These careful and intelligent mothers had never allowed their tender stomachs to be disordered by coffee and green and black tea, and their nervous system to become morbidly excited by the stimulating effects of either, consequently their taste for drinks was not perverted and manifested by a craving for artificial stimulants, but they only desired their natural and wholesome beverage—pure milk and water. I am satisfied that table

teas and coffee are highly stimulating drinks, and are not only injurious to children's health at any age, but also causes them to be restless in their sleep, and more cross and excitable when awake than they would be under other circumstances."

Mother—"Then you advise me to give my children the 'kettle tea.'"

Doctor—"Yes, madam, you and all mothers. In the winter season, give them 'kettle tea' at breakfast and supper, and sweet milk alone at dinner. During the warm months let them also have 'kettle tea' at breakfast, and fresh butter milk at dinner and supper. If the milk cannot be procured I would advise all mothers to give their children only cold water."

Mother—"Since you have mentioned this, Doctor, I remember how I have been surprised and grieved to see my children often so nervous and irritable, when otherwise they seemed to have very amiable dispositions. I shall certainly make this change in their diet at once, but as they have used a great deal of coffee and both black and green teas, I expect they will rebel at being deprived of the stimulants."

Doctor—"They may for awhile, but persevere in it; tell your children kindly but firmly, why such drinks are not good for them, and I am certain they will soon become fond of the kettle-tea. I have frequently observed that when children were physically in a normal healthful condition, their instincts in the choice of the most wholesome food was greater than is shown by grown up people."

Mother—"I have often noticed that in children myself, and wondered why it was so. I now see that it is instinct. I see, Doctor, you are getting impatient and anxious to go, but I have a few more questions to ask you, which I know you will answer. Do tell me what you think of wines and all spirituous liquors as a beverage, and as a medicine or tonic?"

Doctor—"I do not think that the moderate use of pure wines and liquors, taken at the proper time, is positively injurious to adults. Sometimes a small quantity of pure wine, brandy or whisky, taken daily by persons advanced in age, say sixty years, is of real benefit in gently toning up the waning powers and strength consequent upon that stage of existence. Even then, it is not really necessary if old people are in perfect health, and have been accustomed to an active out-door life. The quantity of teas and coffee that most old people indulge in is generally sufficient without any drink more stimulating. To younger persons and infants in perfect health, spirituous liquors are certainly an injury in every instance. Where they are really needed by persons in ill-health, I consider it a medicine, not as a beverage. But in some cases where it is used as a medicine, it is not needed as such if those

who use it would change their mode of living. This is true of many persons who are considered healthy, who have no positive disease as yet, but there is some little disorder, some diversion from perfect health, caused by living up to the requirements of society, and they now feel it is necessary to use a little stimulant to keep up the usual strength to meet the demands of a life that is continually exhausting the physical powers. But like all artificial strength, it is only temporary, and the person is more feeble than before, and more depressed in spirits as soon as the stimulant is withdrawn."

Mother—"Yes, I know that is always the result when liquors are used as a stimulant by ladies of society. But are they not good as dyspeptic tonics?"

Doctor—"They are of some benefit in a few instances of atonic dyspepsia, but the good that they do in that form of dyspepsia has been much exaggerated, and has caused them to be used in irritable and inflammatory cases, and which greatly aggravated the symptoms. So, where one person in ill-health has been benefitted by the stimulants, others have been damaged."

Mother—"Do all pure wines contain alcohol?"

Doctor—"Yes, the stimulating and intoxicating element of all spirituous liquors is alcohol. Some contain more than others, and affect the system according to its combinations and conditions. For instance, the same amount of alcohol taken in the form of pure wine or greatly diluted with water—especially if it has been mixed for some hours before drinking—affects the system very differently, as regards intoxication, than if it was drank in the form of whisky or brandy. This is because alcohol contained in wine is more readily blended with water than when it is mixed with other ingredients, and therefore, it does not intoxicate as it would if drank without this preparation. This proves the truth of every man's experience, that the same wine affects the same man differently at different times, according to the state of the stomach when the wine is taken."

Mother—"Do you think, Doctor, that beer and ale are unwholesome, as beverages?"

Doctor—"Well, madam, it can be said of all malt liquors, as others, that sometimes they are of a little benefit to the person who uses them in moderation, while they have proved of great injury to others. They are unlike wines in many respects: first, they contain a peculiar bitter and narcotic property which they receive from the hops used in their manufacture; they contain less spirituous and more nutritive matter, and we find that those persons who use these drinks freely are generally fat, and in many cases when these are immoderately taken with a strong course of diet, if the persons do not habitually exercise to a

great extent, they soon find themselves in a plethoric condition, the secretions, to a great extent, arrested and vitiated, thus producing disorders and diseases. This explains why malt liquors are not as injurious to the health of the poor and the laboring classes as to the rich, because the latter take less exercise in doors and out, and at the same time live luxuriously. The amount of nutritive matter contained in beer or ale, is not very easily digested, and when taken in connection with the variety of rich food commonly found on the table of the wealthy classes, serious damage to health is almost sure to eventually follow."

Mother—"I see one must use discrimination upon these points to determine when these drinks are injurious."

Doctor—"Yes, madam, one must understand and observe these points, and many others in regard to the subject, or a large majority of the sick, and those who are not, yet habitually use malt liquors, will sooner or later become diseased, and fatally so in many cases. Ah, good morning, Miss Mary; I am glad you have come in before I left. You are still improving, I hope."

Patient—"I believe I am almost well. I can work, eat and sleep so much better."

Doctor—"Yes, it is very evident that health is returning, and much faster than I at first anticipated; and, my dear madam, I must say that it is owing, in a great degree, to your intelligent watchfulness in enforcing obedience to my prescriptions and the proper hygienic measures for the restoration of your daughter's health. I thank you for your co-operation, and if all parents would thus assist the attending physician, "the Doctors" would not so often be charged with failure in having done their whole duty."

Mother—"Yes, Doctor, that is true, for, while I know there are quacks among many so-called "Doctors," I am sure that persons very often, even when they have the best of physicians, expect more of him than he can really perform. I know "the Doctor" cannot cure any one who is sick, unless the patient has intelligent and careful nursing and follows directions implicitly."

Doctor—"And, yet, madam, we have so few really good nurses—those who are conscientiously faithful, and have a full and intelligent knowledge of the important position."

Mother—"Yes, very few, indeed. I sometimes think that no woman or young girl ought to be considered accomplished unless she has had a good training in this department."

Doctor—"Her home accomplishments are certainly deficient without this very desirable one; and if you can get the ladies to look upon the proper nursing of a sick person as an accomplishment, they will

probably devote a part of the time to its acquisition, that they now spend in weeping over the sham sorrows of heroines in dime novels, or on the stage. But, Miss Mary, though you have greatly improved in every respect, yet you are not quite well, and I want you to get ready and go to your uncle's in the country. The summer months will begin in a few days."

Patient—"Well, Doctor, I can go at any time, will start to-morrow, if you say so."

Doctor—"Very well, pack your trunk at once. I want to get you where you can romp and play under the trees, eat good, fresh food, and drink pure spring water."

Mother—"I am glad you mentioned water, Doctor. I have been wishing to ask your opinions about the different kinds. We have lived where we were compelled to use a variety of waters, spring, well, rain, river, lake and even marsh water."

Doctor—"Water is certainly God's beverage for man, but its quality and healthfulness depends upon the source from which it is derived. Water that contains a large amount of earthy matter is without doubt a great source of certain diseases. It is still more unwholesome when it has in solution putrescent animal or vegetable matter, or is strongly impregnated with certain minerals. It is for the first-mentioned reason that some water is wholesome one year and the next is the cause of disease."

Mother—"Mary, you can go now, if you wish, as you do not seem to be interested in our conversation."

Doctor—"Yes, madam, I think your daughter takes an interest in our talk, at least she ought to be interested more, perhaps, than yourself. The popular idea that mothers should not have their daughters learn from the proper sources everything that is necessary to preserve their health in a perfect condition, has destroyed many promising young lives, and made desolate many a mother's heart. All these things can be taught by the mother in an earnest, impressive, and yet confidential and delicate manner, so as not to offend the modesty of the most chastely-nurtured young girl, nor intimidate her confidence in seeking and obeying her mother's counsels whenever it is necessary."

Mother—"Yes, Doctor, I know I had fallen into that popular idea to a great extent myself, and as I now feel, much to my regret, for since my talk with you on these subjects, I can see more fully how remiss I have been in this important duty."

Doctor—"But I am sure, my dear madam, that you will not be so in the future. Conviction is the first step towards action. But, let us return to the subject of water. Rain water, if caught in the open field, is the purest of all water, but when caught in large pits it is im-

pregnated with impurities from the smoky and impure atmosphere through which it passes, and very often becomes contaminated with calcareous matter which makes it necessary to boil and strain the water before it is fit for use. On the whole, spring water is perhaps the purest for domestic or medicinal purposes, especially when the springs are large and run out of silicious rocks or beds of gravel—in either case the water is less impregnated with impurities, and the minerals that are not conducive to health. This is pure soft water. Even horses often become diseased from being compelled to drink hard water all the time. As pure water is so essential to health and long life, no expense should be spared to obtain it. When you first procure it, well water is the same as that from a spring, either soft or hard, according to the subsoil or geological formations through which it passes; but well water is more likely to become impure from infiltration, as the least trace of filth from a cess-pool or drain may, and often does, convert well water into a slow poison, producing disease and death."

Mother—"Doctor, how are we to determine that the water is thus contaminated? Does it affect the color or taste?"

Doctor—"No, madam, very often water thus polluted is pleasant to the taste, it is clear and sparkling, and no danger is suspected until some serious disease breaks out in the family, and of a nature to create suspicion that filth is the cause. The recent investigations into the causes of cholera has confirmed the opinion that the drinking of impure water is, to a great extent, the basis of this dreaded and fatal disease. The diseases that are caused by the use of impure water are typhus fever, diphtheria, diarrhoea and dysentery. The only certain test of impure water is to submit it to chemical analysis."

Mother—"But, Doctor, why is it said that the water of old wells is pleasanter and purer than that of new?"

Doctor—"Because the unpleasant and unhealthy particles of matter found in nearly all new wells have been drawn off, and for the same reason, when a well or spring has a bold vein flowing all the time, the more water is used the better it becomes."

Mother—"Yes, I was aware of that, but I never knew the philosophy of it before."

Mother—"But, Doctor, how can we get pure drinking water in a city, especially, when we have such a miserable, inefficient system."

Doctor—"The next, and I believe the last water upon which you desire my opinion is the lake or marsh water. Both are entirely unfit for man or beast. But madam, my time is now out, and I must ask to be allowed to tell you the reason why this water is poisonous at my next visit, I must go, good morning. I will call this day week."

Mother—"I shall look for you. You must not disappoint me."

Doctor—"No madam, I will not. You may look for me with certainty, unless some unforeseen circumstance should intervene so as to prevent me. Punctuality in visiting patients, and fidelity in complying with engagements, I teach my students is very essential to inspire confidence on the part of the patient in his physician. Good morning."

[TO BE CONTINUED.]

OPERATION FOR STRICTURED HERNIA—PATIENT NINETY-TWO YEARS OLD.

BY T. H. CALDWELL, M. D., ROME, GA.

A case came under my observation a few weeks since, which will probably prove interesting to some of the profession, exemplifying, as it does, the remarkable recuperative power sometimes found in persons advanced in years. I was called in to see an old man ninety-two years of age who had an oblique inguinal hernia of twelve years standing.

Two days previous to my visit the gut had fallen. He tried to replace it, as he had done many times previous, but failed. Both my partner, Dr. T. J. Word, and myself, tried by taxis, to reduce the tumor; failing in this, we—using our needle from a hypodermic syringe as a trochar—let off the gas and succeeded in partially reducing it. Upon farther examination we found a commencing hydrocele, caused, probably, from the recent inflammation. We then introduced our needle into the sack and drew off a quantity of bloody serum. The patient was relieved, to a large extent, of his pain, and we left him for the night.

When I called the next day, the gut had refilled with gas and forced itself down once more. I then called in consultation Dr. T. J. Word and Dr. J. B. S. Holmes, to consider the advisability of an operation.

Would the age and condition of the patient justify it? As he was, he would surely die within twenty-four hours; but would he survive the operation? We decided to state the case frankly to him and let him decide for himself. This we did. He immediately consented for me to operate. I did so in the usual manner. Upon reaching the seat of the stricture, I discovered the cause of our failure to reduce the tumor after emptying the gut of the gas; there were several very firm adhesions around the ring, and when I broke these up the gut slipped back without any difficulty. The wound healed by first intention. His bowels were moved at the end of six days. The patient has now a good appetite, and is going about as usual.

Taking into consideration the age, the condition of the patient, together with the fact that the intestine had been down for five days previous to the operation, I think it is the most remarkable case of its kind on record.

ALCOHOLIC MANIA IN CONNECTION WITH ACUTE DISEASE.

[Read by Dr. J. B. Ayer before the Boston Medico-Psychological Society.]

According to Dr. Greenfield, the translator of Magnan's work on Alcoholism, there are few medical subjects upon which less has been written than upon acute and chronic alcoholism. The very frequency of the alcoholic element in disease has caused the subject to be neglected.

Verneuil's paper upon the Prognosis of Injuries and Surgical Operations in Drunkards, awakened much interest among the profession. He stated that the deplorable state of the system engendered by alcohol was as important a cause of failure in surgery as exposure to morbid germs. He proved that habitual drinkers who had previously never seemed the worse for liquor, often developed the most serious complications, after receiving insignificant wounds.

He urged that alcoholism, as it so frequently complicates disease, should be studied by the physician no less than by the surgeon.

According to Magnan the habitual drinker ceases to enjoy immunity as soon as the physiological equilibrium is destroyed by the blow of an intercurrent disease.

The following is a summary of a case cited in illustration :

The patient, fifty-one years of age, had, for the past thirty years, stimulated freely without apparent injury to himself, as he always seemed to enjoy the best of health.

The day following more than usual indulgence he was attacked with a catarrhal cold and severe lumbo-abdominal neuralgia. There was nothing unusual about the case until the sixth day, when the fever, pain, and jaundice having disappeared he suddenly developed hallucinations of sight and hearing, and became very suspicious. At first he said little regarding the hallucinations, but as they increased he began to mention them freely, and argued that the pigmies and insects which he saw, and the voices which he heard, were all real, and insinuated that those who did not agree with him were stupid folks.

Muscular tremor, copious perspiration, insomnia and loss of appetite were prominent symptoms.

On the third night after the disappearance of the catarrhal symptoms he was greatly excited, fighting with his imaginary foes. But when he was at the worst he would answer a question correctly, his mind instantly reverting, however, to the old delusions.

On the fourth day, after consultation with Dr. Jelly, it was decided that full treatment must be carried out. He was accordingly removed to another room. Four doses of chloral and bromide of potash were given at intervals of about an hour up to seventy grains of chloral and eighty-seven grains of bromide, by which time the patient was well under the influence of treatment. Strong beef tea and egg-nogg were insisted upon. This treatment was not carried out without a great deal of urging.

After a two hours' nap the patient awoke with fewer hallucinations. During the following twenty-four hours they gradually lost their hold

upon him, and he slept a great portion of the time without further sedative treatment.

He was given ferro-phosphorated elixir of calisaya, and the stimulant was gradually diminished to a little sherry wine and a glass of ale daily with his meals. Although he made a perfect recovery, it was over three weeks before he could give close attention to business without bringing on headache.

While the insomnia, trembling and free perspiration, in connection with the peculiarities of the hallucinations and the possibility of diverting the patient's attention from his delusions pointed strongly to the alcoholic character of the delirium, yet a *positive* diagnosis could not at first be made.

A case was cited, which had been under the reader's care, of a young lady recovering from an attack of peri-uterine cellulitis, who developed hallucinations about bugs, snakes, and Chinese pigmies, and in most respects resembled the previous case. The excitement, however, was not connected with alcoholism. She grew worse and was removed to the South Boston Lunatic Hospital, from which she was discharged well at the end of five months.

The reader advised caution in giving a prognosis in cases of alcoholism, agreeing with Lawson that "the intense furor accompanying alcoholic brain disorder may disappear under treatment in a single night, yet, under precisely the same appreciable conditions, the excitement in another case may continue for weeks, the delirium lasting as long as the deterioration of nutrition and the instability of nerve centres combine to maintain it."

Regarding treatment, bromide of potash and chloral, together with strong beef tea, broths, and (generally) egg-noggs, were advised. Balfour's treatment by forty grains of chloral every hour for three doses (for an adult), combined, if heart is feeble, with one half to one ounce of infusion of digitalis, was commended.

In the discussion which followed, Dr. Webber said that it seemed to him, from the account of the case given by the reader, that the patient was really suffering from delirium tremens, not that it was a case of mania induced by an acute disease in a person addicted to hard drinking. The fact that the patient had been a very hard drinker, and had taken nothing for four or five days, and then was attacked with tremor, sleeplessness, hallucinations of sight and hearing, the objects seen being such as were described, resembling those seen in delirium tremens, renders it probable that that was the disease. The acute disease may, perhaps, have been one element in causing the attack, though the abstinence from alcohol was probably the more influential.

In comparatively mild cases of delirium tremens chloride and bromide of potassium are certainly beneficial. Small doses of these drugs, however, do no good! twenty, thirty, and even forty grains of chloral with thirty to sixty grains of bromide of potassium are more likely to be efficacious in procuring sleep and restoring the patient to sound mind than the smaller doses of ten to fifteen grains, which are sometimes given. The larger doses may be repeated hourly if necessary. One disadvantage of small doses is that the patient seems to be more excited after taking them, and finally a larger quantity of medicine is required. In severe cases, where the pulse is rapid and feeble (120-

or more), and where there is great excitement accompanied with hallucinations of sight and hearing, Dr. Webber stated that he had found digitalis the best remedy. He uses the tincture in very severe cases in doses of half an ounce, which may be repeated at the end of four hours if necessary. Many times one dose is sufficient to secure quiet; he has known patients who were greatly excited to fall asleep within half an hour after taking the drug. He would not advise the frequent repetition of these doses. In using digitalis it is all important to observe the pulse; where that is very rapid and feeble in uncomplicated cases large doses can be given; where the pulse is only moderately increased in frequency the larger doses are not called for, one or two drachms being sufficient. Where delirium tremens is complicated with other diseases which have either preceded the mania-a-potu or have occurred at the same time with it, as pneumonia or bronchitis following exposure while the patient was drunk, the treatment must be modified according to circumstances.

Delirium tremens usually occur in old toppers or persons who have been addicted to the so-called moderate use, and have at length been on a spree of several days' or weeks' duration. Besides the ingestion of alcohol there is usually also abstinence from food, the patients declaring that they have eaten scarcely any food for one or two weeks, or even longer. There is also usually insomnia, for a longer or a shorter time, and these elements undoubtedly play a part in the delirium tremens.

He said that during the war, in the latter part of 1862, he was stationed on board the receiving-ship Ohio as assistant surgeon; many men were enlisted in the navy who were received on board partially intoxicated, or who had but lately been drinking heavily for a long time; in several instances these men were taken down with delirium tremens after some days of enforced abstinence on board ship. This would show that, contrary to the opinion of some, the sudden breaking off of drinking may be one factor in causing the disease. Most of the patients, however, who are received into the hospital continue to drink up to the time of the attack.

In regard to treatment where there is vomiting, the tincture of capsicum in doses of half a drachm or a drachm is of value, and may be given in combination with the chloral and bromide. After the severity of the attack has passed off, while the patient is still weak and tremulous, three to five grains of quinine seems to be of use to restore the natural tone of the system.

Dr. George W. Gay then said, this affection is so common in the surgical department of this hospital that we are constantly on the watch for the tremulous tongue and hand, and any undue nervousness in our recent casualty cases. I have also noticed that the wounds of patients threatened with delirium tremens are sensitive out of all proportion to their severity.

Steady drinkers brought here on account of an injury are very apt to show signs of the horrors of delirium tremens, however slight the injury may be. The disease is usually developed in three days, sometimes longer; occasionally it terminates in chronic mania.

The most common treatment here is beef tea well seasoned with red pepper, given as freely as the patient can take it; chloral (fifteen

to twenty grains), bromide of potash ammonia (thirty to forty grains), every two or three hours; tincture digitalis in half-ounce doses where the heart is weak. I often preface the treatment with five grains of calomel and fifteen grains bicarbonate of soda. The great majority of cases recover.

Dr. Rowe referred to the well-known fact that patients who had previously received traumatic injuries to the head were peculiarly susceptible to much smaller quantities of alcohol than the ordinary patient. He cited within his knowledge several patients of this class at the Boston Lunatic Hospital who, by very moderate quantities of stimulants, had been made maniacal for varying periods. One case of delusional insanity, having a history of previous head injury, was made excited, sometimes requiring seclusion, by so mild a stimulant as new cider, sometimes served at the social parties given to patients.

Dr. Ray has written a monograph on this feature of brain disease, which can be found in his Contributions to Mental Pathology.

Dr. Rowe, while physician at the House of Correction at South Boston, had tried nearly all reputed remedies in alcoholism, but found in the majority of cases that nothing served so well as moderately large doses of chloral and bromides. His experience with hyosciamine had been of no avail, but deemed the particular samples used by him as not true hyosciamine.

Dr. Bancroft: In reference to the aetiology of an attack of delirium tremens, two cases occurred under my observation at the City Hospital which seemed to show that the attack did not occur immediately after a prolonged spree, nor after the withdrawal of the daily quantum of liquor; but upon the indulgence in a single glass of whisky after a total abstinence of four or five days. The patients were doing well, but after partaking of four or five ounces of liquor surreptitiously introduced by their relatives, they immediately developed violent attacks of delirium tremens, of which one of them died.

Dr. Bancroft described the case of a young man aged twenty-five, who has recently died at the New Hampshire Insane Asylum. The facts, in brief, are these: in the year 1877 he suddenly shot a man, without having given much evidence of approaching mental disturbance at that time. Was committed to jail, and during his first day's residence there broke out into a wild mania. His insanity being unquestionable, he was at once sent to the asylum. From the date of his committal, May 24, 1877, until October 12, 1880, he did not utter a single intelligible, connected sentence. He was in almost constant motion, tearing his clothes, filthy in the extreme, and requiring the continuous attention of the attendant. The incoherency of his speech was simply indescribable; one thought had scarcely any connection with another.

For three years he remained in this state. On the 12th of October, after a period of unusually wild excitement, the attendant entered his room and bade him "Good morning;" the patient turned about suddenly and said: "I want to die. I feel ready to die. I have suffered for three long years, and I want to go where I can rest." These were literally the first intelligent words the patient had uttered for three years. He repeated these words a number of times during the next few hours. But he seemed gradually sinking. Occasionally he

rallied, and there seemed to be something on his mind that he wished to say. He did speak, among other things, of his wife and of trouble he had had with her, and his daughter, giving the name and age of the latter.

When the attendant went out of the patient's room the latter would call him back, and say there was something he wanted to tell him, but he did not seem able to express himself.

He gradually failed, and died the following day.—*Boston Medical and Surgical Journal*.

ATOMIZATION IN PULMONARY HEMORRHAGE.

BY WILLARD H. MORSE, M. D.

The question has been raised as to whether there is any real utility in the treatment of pulmonary hemorrhage by atomization. Although my experience has been quite limited, I desire to say a few words on this subject. The question admits of two antipodal answers. If the atomization be rightly conducted it is of excellent efficacy; if it be poorly conducted it is worse than useless. There are physicians fresh in their anatomy and positive in their prejudices who are not slow to assert that the treatment is without the least advantage, they arguing that foreign substances cannot pass the chink of the glottis without causing deleterious effects. Nevertheless, over and above a possibility of controversy the fact is undeniable that although medicated spray is of the nature of a foreign substance, it can and does pass the glottis, and instead of having any injurious effect, is beyond the shadow of a doubt of sterling utility in bringing about the end sought. Despite the contrary assertions physiological experiments have conclusively established the fact that minute quantities of the spray can enter the trachea. But I cannot believe that the efficiency of atomization depends entirely on the amount of spray that enters the glottis, but is due in no small part to the evidence of sympathy.

There are three medical agents that claim our attention as applicable in pulmonary hemorrhage—perchloride and subsulphate of iron, tannin, and alum. There may be other substances equally capable of atomization, and equally as applicable in controlling the hemorrhage, but they are untried, or if tried have been found wanting in the balance. The iron, tannin, and alum are alone proved to the truth. The most efficient of the three is the one first named. Tannin takes a second place, and scarcely less reliable is the alum solution. Much of the relative efficacy of the three depends upon the strength in which they are used. Of the ferric perchloride I consider a half-to-two-grain solution amply sufficient to meet the wants of any case. The tannin may be given from two to twenty-five grains, and the alum from ten to twenty. Although these are not the dispensatory doses, I think them better; but of course the dosage is to be governed by the case. Another essential, and one which I think has been overlooked and underestimated, has reference to the water of the solution. It will be found that if the menstruum be at a heat of 70° to 80° F. it will be less apt to irritate the lungs, and have more perfect "sympa-

thetic" action. It is also too frequently the case in the emergency of the disease to use any water that comes to the hand, provided it is not at boiling heat. Under such circumstances failure is not rare, whereas a uniform heat of 70° or 80° F., having no condition of irritation in temperature, is more conclusive to utility.

Another requisite to success in treatment relates to the amount of a given solution required to have a styptic effect. Considering that only a very minute quantity of the solution enters upon the affected broncho-pulmonary tract, it seems idle to inquire in this regard. Yet admitting that the primary effect of the action of the spray is extraneous by choice, it is well to fix some relative administration. The ferric solution should not be given without some definite intermission—five or ten minutes being necessary after a spraying of a half dram of the solution—that in that time the effect of the medicine may be noted. The tannin solution rarely requires to be used more than a minute at a time, six or eight such sprayings being amply sufficient in favorable cases.

Another requisite to success consists in the instrument used. I never employ the steam atomizer, as it is rarely if ever ready for use in such an emergency as pulmonary hemorrhage offers. Of the hand-ball atomizers I prefer the Delano instrument, and especially the "No. 358," which is made with an extra long tube, and which is *par excellence* the best atomizer for atomization in diphtheria, catarrh, bronchitis, or any "throat disease" requiring nebulization, as well as in the pulmonary hemorrhage.

Mode of application of the spray is another essential. It is advisable to introduce the tube as far as the middle of the tongue and give it the proper downward direction, so that the force of the volume of spray a distance of an inch from the nozzle of the delivery-tube shall strike in front and across the epiglottis.

Another correlative rule of application is promptness of action. Delay is more than dangerous. Early attention determines all. There may be cases where any amount of atomization would be useless, but still local measures *may* do good, and it is always best to employ the atomization. Make no prejudicial choice of the agent to use, giving iron or tannin or alum, as it may be at hand, always remembering, however, that ferric solutions are of most merit.

If the precautions of which I have spoken be observed, atomization will be attended with success; but we should always bear in mind that it is like faith, utterly "dead" without the "works" of general therapeutical measures. A favorable formula of mine is—

Fluid. ext. ergot (Squibb's).....	3 ij:
Tinct. opii deodor.....	} aa 3 ss.
Fluid ext. ipecac.....	

M. Sig. Teaspoonful every half hour in connection with the use of atomization.—*Louisville Medical News.*

The Italian government is about to impose heavy duties on cotton-seed oil, to prevent its being used for the adulteration of olive oil, a practice which is fast ruining the Italian oil trade.

ABSTRACTS AND GLEANINGS

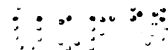
The Opium Habit.—Dr. C. W. Earle (Chicago Medical Review, November, 1880), writes as follows:

In these lectures on the opium habit, based on cases treated at the Washingtonian Home, and on inquiries made at fifty apothecaries' shops in Chicago, Dr. Earle states that, of 235 habitual opium-eaters, three-fourths were females, many of them prostitutes. Two thirds were Americans by birth. The larger number were between 30 and 40 years old, of the middle class, and either were or had been married. Most began its use for the relief of pain, under direction of a physician. The form of the drug used was morphine in 120 cases, gum opium in 50, tincture of opium in 30, unknown in 27. McMann's elixir, paregoric and Dover's powder in the remaining 8. The quantity used varied from one-third of a grain of morphia, or equivalent, to 60 grains daily. A considerable number of persons not recognized as opium-eaters used the equivalent of from one third to one grain daily, and in the confirmed cases recorded, perhaps 15 per cent. of the subjects used from one to three grains daily, 15 per cent. used three to six grains, 30 per cent. used six to ten grains, 15 per cent. used ten to fifteen grains, 15 per cent. used fifteen to twenty grains, 7 per cent. used thirty grains, and 3 per cent. used sixty grains. Only four or five persons used the hypodermic method. Some took the drug in two or three daily doses, and some a large dose at intervals of from one to three days. The effects varied very greatly, some persons being stout and rosy, some thin and sallow; but, sooner or later, there were symptoms of disordered nutrition, enervation and moral degradation. Dr. Earle regards the opium habit not as a disease, but as a vice, though he does not deny that its long continuance will produce a diseased condition; but so also, he says, will alcoholic indulgence, gluttony, tea-drinking and licentiousness. He quotes the sixth chapter of 1st Corinthians in proof that the misery resulting from the habit is continued after death, and believes it should also be punished as a vice on earth! It is hardly necessary to say that afterward, when speaking of treatment, it appears that he does not adhere to this doctrine of the necessity of the *threefold* penalty, but somewhat inconsistently does his utmost to relieve the patient. Most patients desire to abandon the habit, and it is found that it may be done, with care, with perfect safety to life. Relapses frequently occur, especially if pain or calamity supervenes. The recommencing dose will be small, but the maximum will be quickly reached. Sudden deprivation of the drug, Dr. Earle thinks dangerous, from the alarming prostration which occurs. The patient must be absolutely under control of the physician, and must be treated practically as if his word was to be doubted—though some are truthful. The last dose having been taken, he should be searched in a quiet but thorough manner, and any concealed supply removed. He will need a day and night nurse, and should never be left alone. It may

take four or five days to withdraw the drug, during which time he will suffer a little. It is after the last particle is withdrawn that suffering begins, and coryza, diarrhœa, vomiting, muscular pains, and sleeplessness occur. The coryza lasts but a few days, and is treated with carbonate of ammonium, quinine and cubebs, and a snuff of morphia, bismuth and acacia. The diarrhœal discharges are dark, and quite painful. Astringents and acetate of lead are to be used. The vomiting comes with the diarrhœa, and is controlled with carbolic acid, bismuth and ice. The muscular pains are the most troublesome symptom, unless it be the feeling of depression or letting down, which early occurs. The hot bath is useful, and any anodyne not containing opium. Iron, bark and strychnia are used early and throughout the treatment. Bromide of sodium has been of use. The fluid extract of cocoa has been found of great use in the late cases in which it has been tried, if the stomach will retain full doses, and enables the morphia to be withdrawn more promptly. In one case, however, there was reason to fear the formation of a cocoa habit. Sleep usually comes after five or six nights, but in nervous patients chloral or some hypnotic should be given, with caution, lest a habit should be formed. The symptoms are not as severe where the drug has been used hypodermically. A patient will resort to any subterfuge to get the drug, and until several days or weeks have been passed without it, his moral sense is in abeyance, and he cannot be trusted. The various "opium antidotes" in the market are composed of some form of opium, belladonna, canabis indica, chloral, etc. Dr. Earle believes that physicians' prescriptions containing opium, chloral or alcohol should bear a printed request to the apothecary not to renew them without direction, and that the greatest caution should be used in prescribing and continuing such drugs. A patient should never be taught to use a hypodermic syringe.

Dr. J. D. Irwin, in St. Louis Clinical Record, reports the following case of opium habit treated with cocoa:

In this case of opium habit treated with cocoa, a lady, having begun to use morphia for the relief of pain, at last reached the amount of sixteen grains daily. Thirty hours after having relinquished it, she was found in great agony, excitement and restlessness. Bromide of potassium and hydrate of chloral were used in large doses through the night, to allay excitement and produce sleep. The next morning she was very weak and restless, scarcely able to speak, troubled with vomiting, and with a pulse of one hundred and fifteen. The fluid extract of cocoa was given in tablespoonful doses. The first dose produced little effect. The second was followed by a wonderful change; the pulse fell to 85, her face was flushed, the vomiting ceased, her countenance was lively, she talked and laughed quite freely, and in the afternoon was able to sit in a chair. She slept about half the next night, and woke quite lively and refreshed, with a pulse of 75. She enjoyed and digested her breakfast. She continued to improve, in two days took a long drive, and the next day left the city with an eight-ounce bottle of the cocoa, which she took in smaller and smaller doses, and then, relinquishing it, enjoyed good health without the aid of morphia.—*New York Medical Journal*.



Minor Anæsthetics.—We close our notices of the several anæsthetics with a consideration of the minor ones.

Bichloride of methylene is one of these. It hasn't much rank—is chiefly celebrated as being the anæsthetic under which Spencer Wells has done a number of his ovariectomies—two hundred and eighty indeed. The anæsthetic committee speak of it as bichloride of methylene *so called*, as its boiling point is not definite, and it is evidently a mixture. Dr. Kappeler charges it with nine deaths, and his conclusions are “that experience shows it to be as dangerous, if not more dangerous than chloroform.” The experiments of the anæsthetic committee confirm this view, its depressing action on the heart being marked.

Dichloride of ethedene is the result of the study of the anæsthetic committee for some agent less dangerous than chloroform. They believe that they have found it in dichloride of ethedene—“an isomeride of ethene dichloride produced from aldehyde.” Experiment with lower animals showed it a perfect agent, producing prolonged anæsthesia without cardiac depression. It reduces blood-pressure, but by regular gradation, and not suddenly, as in the case of chloroform. Vomiting is sometimes produced by it. The conclusion of the committee is that although ethedene is not free from danger, it is in a very high degree safer than chloroform; that it is less exciting, more agreeable than, and as rapid in action as chloroform, and that “a very strong case is made out for an extensive trial of it.” The clinical account is not extensive, but so far favorable. Dr. Kappeler records, however, that “unfortunately the occurrence of a death from the article in Berlin destroys early the hopes which had been cherished of it, and will not permit of a more extended trial.” Dr. Reeve rightly enough regrets that no account of this death is given, that we might judge how much so spotless an anæsthetic was at fault.

Bromide of ethyl is the remaining anæsthetic considered by Dr. Reeve. We are indebted for its introduction in America to Dr. Turnbull, who claims originality in its use upon man, and his able coadjutor, Dr. Levis. Dr. Nunnally, of Leeds, experimented on animals with it as early as 1849, and his experience with it as an anæsthetic with patients was the subject of a paper read by him before the British Association in 1865. Dr. Levis, upon the basis of seventy-one administrations, declares he has “used it under the most varied circumstances which could be required to test the merits of an anæsthetic, . . . and in the most abnormal conditions of debility and shock of injury; in capital operations, through protracted periods of administration, in patients from early infancy to extreme old age;” and declares his conviction that it is practically the best anæsthetic known to the profession.” These were brave words of Dr. Levis, and he had not written them very long before a death at his clinic taught him that the prophecy of anæsthesia must be built not on tens, but on tens of thousands observations. Another death on the bromide of ethyl, recorded by Dr. Sims, also hastened to dispel a fancied security in the new agent.

The bromide of ethyl is put forward with the usual claims for preference—safety (of which we have seen), quickness and pleasantness of action. These points are not thoroughly proved. It may be re-

membered that the *Louisville Medical News* was one of the first journals to record clinical experience (in the person of one of the editors) with the new agent. The account was not strikingly in its favor.

As we cast about for closing words which will sum up the question of anæsthesia, those which are used by Dr. Reeve are better than any we can put together, and we give them entire:

Our task has been executed during a period of greatly renewed interest in and study of anæsthetics. In regard to some the ink had scarcely dried before new facts were presented for consideration or statements had to be modified. This awakened interest in the subject, and this rapid investigation of new agents attests at once the great importance of the subject and the earnest desire of the profession for a pleasant anæsthetic safer than any we now have. Such an one is not yet found. Every one must deeply regret that a death should have occurred to shake confidence in an article which promised a realization of our hopes. Yet when we reflect on the number of successful inhalations necessary to prove that a new anæsthetic is better than those already tried, the difficulty of the problem is appreciated. The new candidate must have been used thousands of times before it can rival chloroform or the mixed vapors, and tens of thousands before it can be compared with either in regard to safety. Were this fact kept in view there would be fewer journal articles and less dogmatism on this class of remedies. Is it probable that a perfectly safe anæsthetic will ever be at our command? The time necessary for the proving of new agents makes this very improbable during the lifetime of those who saw the advent of ether and chloroform, and the retrospect we have made is not favorable to an affirmative answer. Disaster has followed the use of all, and the facts now will sustain Velpeau's statement as well as when he made it, and still justify Erichsen's words: "With every possible care it appears certain that the inhalation of any anæsthetic agent is in some cases almost inevitably fatal." The inference is that what has been so universally true in the past will be true in the future, however sad this may be to the philanthropist or to the enthusiastic surgeon. Unfortunately physiology teaches the same lesson: a state of artificial anæsthesia is a state upon the borders of death.

The great practical lesson of all facts and all theory is that in the use of anæsthetics no precaution can be superfluous, no care too minute, and no watchfulness too great.

Recent Studies on the Nature of Malaria.—*Le Journal d'Hygiène* was the first scientific organ which made known in France the remarkable work undertaken in Italy by Professors Edwin Klebs and Tommasi Crudeli—work which has led these *savants* to a discovery of the highest importance, viz.: To know the specific agent of malaria. The following are the results obtained by these new observers:

1st. In all the malarial country of the Roman Field they have found the *bacillus malariae* already developed (Cuboni—and by artificial culture it can be produced in great quantity). It has not been met with in the country in the healthy localities of Lombardy.—(Cuboni.)

2d. This same *bacillus* is accumulated sometimes in such consider-

able quantities in the strata of air which lie over the malarious districts during the hot days of summer that, to gather it, special apparatus is useless. It is found in abundance in the sweat of the forehead and hands.—(Cuboni.)

3d. During the height of the fever, sporules of the *bacillus malariae* are constantly present.

(a) They are also found in the blood of hares, which have been subjected to the malarial infection.—(Ceci.)

(b) In the blood drawn from the veins of men similarly tainted.—(Marchiafava, Perrancito, Ferraresi.)

(c) In the blood taken from the spleen of the same invalids (after a process conceived by Dr. Sciammanna).

(d) By the examination of this blood, has been obtained the *bacillus*, perfectly developed, and presenting the same forms already described by Klebs and Tammari.—(Crudeli, Ceci, Cuboni, Ferraresi.)

(e) The same has also been obtained by the examination of the spleen of persons dead of pernicious fever. Examinations made of the spleen of those dying of other maladies in non-malarious regions give negative results.

4th. If the blood drawn from the veins of invalids, tainted with marsh fever, is injected in the subcutaneous tissue of dogs, it produces in these animals the same disease.—(Marchiafava, Ferraresi, Valenti, Sciammanna, Piricilli.)

5th. In all cases where the blood of those tainted with malarial fever has been drawn from the veins during the inception of the fever, this blood usually contains the fully developed *bacillus* in considerable quantities. In the height of the fever, on the contrary, as we have already said, the *bacillus* disappears to give place to its sporules.—(Marchiafava, Ferraresi.)

The invariability of this last result, analogous to the facts observed in the study of *spirillum*, which causes typhus, is of considerable importance in the question which now occupies us. First of all, it gives us the explanation of the differences of the results obtained during the summer of 1879 by Prof. Marchiafava, in the series of examinations made of the blood of five persons dead of pernicious fever—the examinations being made immediately after death. In three of these the blood in the veins and heart contained a great number of fully developed *bacilli*, while it was impossible to find in the blood of the other two a single *bacillus*, but only a remarkable quantity of spores. Facts newly discovered at Rome lead us to believe that the first three died during the period of invasion; the other two, on the contrary, must have perished during the crisis of the fever. Experiments on animals have demonstrated that the chosen seats for the parasite which produces malarial fever, are the spleen and the medulla of the bones, organs which invariably are the seat of the gravest pathological changes in persons who have succumbed to this affection. It is probable that the production of the new generations of the parasite in these organs varies in rapidity according to individual disposition, and perhaps also according to the quality of the land whence the parasite comes; this will explain the great variety which is observed in the duration of the intermission in marsh fever. Probably the occasion of fever is produced only at the moment when the emission of the parasites, coming prin-

cipally from the spleen, comes to a point similar to the stage of those found in quantities in the blood. Perhaps, also, the cold of the febrile invasion is due to the irritation of the vaso-motor nerves following the presence of this army of invaders in the circulatory system. These organisms find in the blood the most favorable conditions, for accelerating their evolution, viz.: heightened temperature and oxygen stored up in the red globules. It is not astonishing that their disorganization should be already complete at the height of the fever. On the other hand, the great number of reactions undergone in the blood and tissues, and the resulting assimilations and excretions, sufficiently explain the development of the febrile heat.—*Virginia Medical Monthly*.

An Interesting Case from Practice.—Dr. W. A. Fannin, in *Monthly Review of Medicine and Pharmacy*, says:

Mrs. B. called at my office at 12:30 p. m., August 3d, 1879, bringing with her a child thirteen months old. The child was breathing heavily, and partially unconscious, and had had numerous passages, green in color, with white particles in suspension. Pulse 160, temperature $107\frac{1}{2}^{\circ}$. Examination of lungs: Right side slightly dull on percussion over lower lobe; auscultation; coarse mucous rales over both lungs. I ordered

Potass. nitrat.,	gr. j.
Ex. hyoseyami,	gr. 1-12.
Tr. aconiti rad.,	gtt. ss.

to be given every two hours.

5 p. m.—Pulse 160. Temperature $107\frac{1}{2}^{\circ}$. Respiration shallow and abdominal; eyelids partially closed; eyeballs turned up and in divergent strabismus, and in a state of tremor. Patient had a movement every five minutes at least, and of same character. I told the mother the child would die in half an hour, and proposed a cold bath, by which the temperature fell to 102° ; same internal treatment.

9 p. m.—Child had one passage in the interval of time; rested well and recognized the parents. Temperature $106\frac{1}{2}^{\circ}$. I gave another bath; while in the bath the child fell asleep. On taking it out of the bath respiration ceased, which I easily re-established. Temperature 98° ; breathing regular and the child asleep; bowels bloated.

August 4th.—Child passed a quiet night. No movement of fæces, but passes large quantities of wind. Temperature 103° . Coughs a little. I ordered cold cloths to the abdomen and head; same internal treatment.

1 p. m.—Temperature 101° . No movement of the bowels; nurses well when awakened. I bandaged the abdomen to control the flatus.

9 p. m.—Temperature 100° . No movement. I administered 3ij castor oil, and ordered

Potass. citrat.,	
" nitrat.,	

Ammon. carb.,	aa gr. xxxij.
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Hydrargyri chlor. corros.,	gr. $\frac{1}{2}$
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Aq.,	$\frac{3}{4}$ iv.
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Sig. Teaspoonful every two hours, and advised an excursion on the water for the next day.

Aug. 5th.—Been on the water; the oil operated twice; flatus gone; stool of right color, and the child has been bright all day.

Aug. 6th.—Been on the water again; had one movement, normal in color, etc. Same internal treatment.

Aug. 7th.—Temperature 99° . Stools normal; child discharged cured.

This case shows that even extreme cases should not be given up as hopeless. I have seen comparatively hopeless cases likewise benefited by the cold bath, and I never hesitate to administer it when the child has a temperature over 103° . That the cure was due in this case to the bath cannot be doubted, as the internal treatment was directed to the fever only.

The Use of Anæsthetics in Labor.—Few surgeons hesitate to use anæsthetics in almost all surgical operations at the present day, whether they be great or small, and with but little or no risk if a pure drug is judiciously used. We must admit, if we are honest with ourselves, from the foregoing, that in the majority of surgical operations the death tendencies are much more evident than they are in the majority of obstetrical cases.

Death, following a surgical operation, is generally the result of shock, anemia of the brain or general debility, all of which we are compelled to admit anæsthesia very greatly favors.

Death, in the parturient condition, as a rule, is either from hemorrhage, over-exertion, or consequent reaction, plethora, congestion of the brain or convulsions, all of which, except the former, find a ready and reliable antagonist in our anæsthetics—and the danger of the former are not in the least degree increased.

These facts naturally press us to the legitimate conclusion that the parturient woman is physiologically in a safer condition for the use of an anæsthetic than the surgical patient; while no surgeon questions the propriety of giving chloroform in almost any case, whether it be a capital or minor operation.

Then, why should we not use anæsthetics in labor as well as in our ordinary surgical operations when they are not contra-indicated by her condition physiologically, but on the contrary act favorably?

The past experience of our best accoucheurs who have been using anæsthetics for a score of years, almost with one accord testify to its happy results upon the mother's health, whilst in all cases it has soothed their suffering and saved them from the excruciating expulsive pains of labor. By reference to my private notes on obstetrical practice, I find that one of the most careful and guarded of instructors in the University of Pennsylvania, who is always careful not to venture an opinion before he is satisfied with its orthodoxy, Prof. R. A. F. Penrose, in a private conversation with him some years ago, gave it as his opinion then, that the careful and judicious use of anæsthetics in the later stages of labor, and in hard labor, and especially in dystocia, was certainly one of the modern God-sends to the suffering female; but also added that great care should be used to guard against hemorrhage, and especially in those persons who were predisposed to it. For, said the professor, its application in this department of the medi-

cal science is comparatively recent and demands the closest scrutiny on the part of the accoucheur.

In a private letter from my esteemed and worthy friend, Prof. John J. Reese, of the University of Pennsylvania, who first instructed me in this branch of our healing art, and who has had the experience a score of years affords in this particular direction, says: "I have no reason whatever to change my views as regards the efficiency of anæsthetics in labor; I think they are not called for in ordinary mild cases, unless the patient is very nervous and timid. But I never fail to use them in hard labors, and always in instrumental ones." Cazeaux says that "when properly administered, and in moderate doses, anæsthetics do not interfere with the regular course of the uterine contractions." Instead of the wild excitement, horrified with the possibilities of impending dissolution, by a proper and careful etherization of the patient, she passes into a quiet and peaceful slumber while the laboring uterus continues its course uninterrupted. The soft parts are aided in their relaxation, while a strong barrier is placed against that dreaded and oftentimes fatal calamity, puerperal convulsions. Thus the labor proceeds quietly and peacefully to a happy end, and the wild shrieks and sobs of despair so common on these occasions are silenced by a peaceful rest in the arms of morpheus.

Having satisfied ourselves that the results from the use of anæsthetics in labor are beneficial rather than injurious to the mother, we will glance at its effects on the fœtus. Cazeaux says, that "whatever difference of opinion may still remain respecting the influence of chloroform upon the health of the mother, no one doubts its entire innocence as regards the fœtus. In the immense majority of cases the new-born child presents its usual appearances; its cries are neither weaker nor heard less promptly, nor does its viability appear to be in any way injured."

We have not, and will not, lengthen this by proving our statements with a detail of cases which can be found by those who wish to investigate the subject still further in almost any obstetrical journal or standard work on obstetrics. We have simply given you a summary of the conclusions we have arrived at from our own experience in the use of anæsthetics in labor, backed by that of standard authorities whose experience of a score of years has led them to confirm their use.

Thus far we have said nothing about the use of anæsthetics in dystocia, in which condition they are absolutely invaluable, not only for the relief of pain from any operation which it may be necessary to subject the patient to, but by rendering the patient motionless, and thus facilitating any manipulation which may become necessary.

The objections to the use of anæsthetics in labor, lest you should be obliged to give other remedies, is only a popular bug-bear and without foundation; for in obstetrical practice it is seldom if ever necessary, except in some operation, to push anæsthesia to perfect unconsciousness, but simply to the relief of pain, and in that condition there is seldom any trouble in getting patients to take almost any nostrum you may desire.

It is scarcely ever necessary to use an anæsthetic before the last stages of labor, although it is not entirely objectionable.

Prof. John J. Reese says, in the same letter referred to before, that

as a rule in his private practice he does "not administer them until the head is well engaged and the labor pains become decided. I do not keep the patient all the time fully etherized, but let her inhale a fresh dose just as the pains come on, and very generally she is unconscious of the last pain, and remains so for a few minutes after the expulsion of the child.

In my own practice my rule is not to commence the use of the anæsthetic before the os is dilated to, at least, the size of a common nickel, before which the woman will bear her pain with but little complaint. I have found that the danger of delay in labor is much more liable to occur from the use of an anæsthetic too early in labor than by the too free use of it after labor has advanced.

It may be laid down as a rule before commencing the use of an anæsthetic, to give a dose or two of the fluid extract of ergot which will not only facilitate the uterine contractions, but act as a safeguard against any tendency to hemorrhage. Of late I have generally used quinia in from three to five grain doses or the two combined, and have always obtained the most happy results from their use.

A diversity of opinion still exists as to the best and safest anæsthetic to use. Cazeaux advises the use of chloroform; Prof. Reese uses pure washed ether, six parts, to pure chloroform one part, to be mixed just before using; Dr. Barr of Philadelphia uses ether three parts, chloroform one part, and alcohol, two parts. The formula which I have been using is

R Chloroform (Squibb's)	3 ii
Aeth. sulph. (Squibb's).....	3 ii
Alcohol absolute (Squibb's).....	3 j

from which I have always had the most desirable results.

We trust the few suggestions we have given you may receive a fair and impartial trial, especially by those members of our profession who are as yet strangers to the use of anæsthetics in obstetrics; and may they seek early to use the elements which God Almighty has placed at their command, and set them as guardians over, with which they can calm the troubled sea of pain and agony, and say "Peace be still."

Before closing let me ask you, Is it fair, just and honorable for you to favor the stalwart man with this boon of relief for a trifling operation, or endanger without hesitation the feeble patient who comes to your office with one foot in the grave and the other on its very brink, and yet deny our mothers, wives, sisters, daughters and the female world at large, who year after year travail in pain and anguish together, and yet who are physiologically well, and who run less danger from its use than the former? Just think of it for a moment, and ask yourself the question, Is it not more from prejudice than reason?

Syphilitic Ulceration of Velum accompanied with a Large Perforation.—The patient when first examined had all the evidences of tertiary syphilis in the buccal cavity. The entire mucous membrane covering the fauces was greatly congested, the inflammatory redness being of a dusky color, a characteristic peculiar to syphilitic cases, and one that will often enable the expert examiner to instantly diagnose the disease correctly. On the right side of the soft palate,

midway between the base of the uvula and the attachment of the velum to the side of the throat, an opening large enough to allow of the passage of an ordinary lead-pencil was distinctly visible. The entire circumference of the above orifice was in an ulcerated condition, and the tissues for at least a line beyond looked as if they were about to become involved in the destructive process. The cause of all this trouble was so apparent that it was hardly necessary to ascertain the patient's preliminary history. In response to the usual questions, the patient replied "that he had contracted chancre twenty years ago, and that he had suffered from pains in the bones for a long time."

The stereotyped course of treatment in a case such as the one portrayed above would be to freely cauterize the edges of the perforation with the stick of nitrate of silver, and to administer internally the antisyphilitics, mercury and potash, either singly or combined. Now, instead of pursuing this plan, I, following an idea which had been applied by me to several other forms of syphilitic throat troubles, made no local application whatsoever, but simply prescribed the iodide of potash in large doses frequently repeated. The result was most gratifying, for at every attendance of the patient the perforation was smaller, until finally it disappeared altogether, the entire treatment occupying but ten days. There were several physicians who were attending the hospital as students during the treatment of the last-mentioned patient, and who followed up the case in all its stages with great curiosity. They, one and all, expressed themselves as greatly surprised at the wonderful result produced.

With reference to the throat, there is no doubt in my mind regarding the powers of the system to restore lost tissues, providing the destructive process has not gone too far, and the proper plan of treatment be pursued. I have in several marked instances seen a partially destroyed cord, which had superinduced a great amount of hoarseness, return to its normal condition with a complete restoration of the vocal powers. I have also noticed the same thing repeatedly with reference to some of the adjoining organs.—*Medical Record*.

Iodine as a Specific in Croupous Pneumonia.—The treatment of croupous pneumonia has some time since lost its former active character; since we could but recognize that the course of the disease could not be influenced by any of the present plans of medication. A startling statement now appears by Dr. F. Schwarz, in the *Deutsche Medicinische Wochenschrift*, (No. 2, 1881,) who claims that the disease may be abated by iodine or iodide of potassium. He quotes statistics in the first place from the most reliable German sources, according to which the crisis occurred in 0.6 per cent. during the second day, in 4.7 per cent. during the third, in 7.4 per cent. during the fourth, in 15.9 per cent. during the fifth, in 13.6 per cent. during the sixth, in 22.8 per cent. during the seventh, in 11.8 per cent. during the ninth day. These statistics refer to 933 cases of croupous pneumonia treated expectantly. In opposition to these figures Schwarz gives his results as the proof of the efficacy of his treatment. He has had altogether 98 cases, in ten of which the abortive treatment succeeded. This treatment is successful only when begun as soon as the disease

starts. If instituted later it seems to be powerless. The inference to which the author leads us is that he saw none but the ten cases quoted at a sufficiently early period, but he does not state this point in so many words. By reproducing the temperature curves he proves that the aborted cases commenced in the usual characteristic manner. In all of these the crisis was completed during the second day. The deference took from 6 to 18 hours, on an average about 12 hours. The quantities given were very small, one sixth of a drop of tincture of iodine, or about one grain of iodide being taken every hour. After the fever had ceased the local symptoms began to recede rapidly.—*Chicago Medical Review.*

The Prevalence of Leprosy in the United States.—At the meeting of the Academy of Medicine, on January 20th, Dr. H. G. Piffard read a paper on leprosy. In this paper and in the subsequent discussion, some facts of much interest, and perhaps of great importance, were brought out. From the statistics collected by the Dermatological Society, it appears that there are between fifty and a hundred lepers in the United States at present. Moreover, an examination of the tables show that this number has been constantly increasing every year. In view of these facts the question of the contagiousness of leprosy is a most important one, and it was discussed very carefully by the reader of the paper and other gentlemen present at the meeting referred to. Dr. Piffard was inclined to believe that, though not contagious in the ordinary sense of the word, it might be so through the medium of the blood or secretions, as in the case of syphilis. Furthermore, it was a well-established fact, that when leprosy had once gained a foothold in any community it was very sure to spread in some way. A marked illustration of this was to be seen in the Sandwich Islands. Forty years ago there was no leprosy there; now one-tenth of the inhabitants are lepers. Honolulu, a place once entirely free from leprosy, now has two hundred and fifty cases of the loathsome disease.—*Medical Record.*

Report on Yellow Fever in the U. S. S. Plymouth.—It will be remembered by most of our readers that yellow fever broke out in the steamer Plymouth under very strange circumstances. The steamer had been on duty in the tropics, and several cases of yellow fever had occurred on her. She then returned to Boston in the winter. Here she was thoroughly disinfected by the best known methods, and further, every part of the vessel opened and exposed for a long time to the frost of a very severe winter. But, in spite of all this, as the ship neared the tropics, before she had come in sight of any land, several cases of yellow fever broke out on ship board. A commission was now appointed by the Navy Department to investigate the causes of this phenomenon. The entire report is worthy of study by all interested in the destruction of the elements of the disease, or in preventing their ravages. It appears that in this case the timbers of the ship were so constructed as to prevent the disinfecting agents from reaching some of the worst decaying spots. It is clear that the germs of disease remained unharmed in the rotten timber, in spite of the intense cold and disinfectants. The report further says that "the use of car-

bolic acid, chlorine and its compounds, sulphate of iron, nitrate of lead, and chemical disinfectants generally, are however effectual in destroying odors, of very doubtful efficacy in destroying the germs of disease." It excepts sulphurous acid gas. This seems to have a special power in the destruction of animal or vegetable life. Besides, the filling of the vessel with steam at a temperature of 250° Fahr. seems to be a convenient and effective mode of destroying the elements of disease.—*Detroit Lancet*.

Dermic Dressing in Variola.—Dr. A. S. Hudson says, in *Med. and Surg. Reporter*: Pulverized talc, or steatite, is a most elegant dressing for moist skin affections of both infants and adults. For ten years it has, in my hands, proved a useful medicament and choice vehicle, topically employed. During the last three months some thirty cases of small pox have come under the writer's observation, in which steatite has answered a most desirable object. Sweet oil and glycerine, mixed in equal parts, is applied for two or three days to the heated skin and forming pustules. As soon as the pustules are matured, or turn yellow, the steatite is applied over the face, neck and hands, mixed in water, in the form of paste or whitewash; repeated as often as it falls off or is rubbed off.

It is an energetic absorbent, a deodorizer, overcoming that evil smell peculiar to variola. It controls the "itching burning" of the surface. It prevents the second formation of crust over the pustules, and thereby renders the pits in the skin less distinct. To the touch it is soft as velvet and as adherent as bronze. For the above named needs it seems to be the Geodine of earths.—*Med. and Surg. Reporter*.

Fuchsine in Bright's Disease.—Prof. Renzi says, in *Pharm. Cent.*, that fuchsine (red aniline free from arsenic), may be used to prevent the formation of albumen in the urine. He administers it in the form of pills of 2½ centigrammes ($\frac{3}{4}$ grain) each, beginning with two pills, 0.05 (4.5 grain), and increasing the dose to 0.25 (4 grains) in twenty-four hours. The urine becomes red and continues so during the treatment, and the appearance of the color is an indication of the efficacy of the remedy; if it does not appear, it is prevented by some organic hindrance which renders the remedy in such cases useless. Fuchsine will also cause the mucus, which is often found in the urine during this disease, to disappear.—*Drug. Cir.*

Treatment of Asthma with the Induced Current.—Dr. I. Burney Yeo relates, in the *Lancet*, his experience at Neuenahr, where he saw the induced current used in the treatment of asthma. It sometimes acted like magic, curing the cases completely in a week or two. The electrodes are applied usually on each side of the neck, about an inch below the angle of the jaw. The current must be of good strength, so that the patient can feel the stream go across the larynx and soft palate. In bad cases it should be applied twice a day, from fifteen to thirty minutes each sitting. Dr. Max Schaeffer, who first advocated this treatment, found that the constant current never did any good.—*New York Medical Record*.

On Cholera Infantum.—A writer in the Medical and Surgical Reporter, thus gives his experience in the treatment of Cholera Infantum:

At the commencement of my professional career, twelve years ago, I lost, in rapid succession, several cases of cholera infantum treated according to the methods indicated in the standard medical works of that time. Soon after, I saw, in some medical work published in New York city, the histories of ten or twelve cases treated successfully with small doses of bromide of potassium. I immediately began its use, and in connection with subnitrate of bismuth and rigid dietary regulations nearly every case since, coming under my care, has terminated in recovery. The subnitrate is given every three hours, in doses of five to fifteen grains, and the following formula of the bromide is used:

R Potassj bromidi..... gr. xvj.

Aque destillatæ. unciam.

Sig. Cochl. min. quaque hora sinnen deun.

If the child has not been weaned the diet of the mother is carefully regulated. She is restricted to toasted bread, a little milk or egg, with tea and coffee, if the latter are habitual.

The flour of which the bread is made is inspected, that it may be known to be good. The child is allowed to nurse only once in three hours, and the amount is diminished. Idiosyncrasies, if any, of the child are detected. Thus in one case a mouthful of chicken taken by the mother, in another two teaspoonfuls of milk from a certain cow, used in tea, acted as a cathartic upon their respective infants. The mother is directed to obtain at least eight hours' sleep daily, and to effect this the child, during that time, is committed to the care of a nurse. Of course the mother is roused to nourish the child, but this being performed she is again permitted to sleep. If the infant has been weaned it is confined to cow's milk diluted with rice-water, varying the proportions according to circumstances.

The milk, if possible, is given while it yet contains the animal heat, and, of course, is milked from the cow as required. The cow now occupying the office of mother must be in good health, should be in a stable perfectly clean and ventilated, furnished with abundance of food and pure water, and in no way irritated. Rigid adherence to the above plan, modified more or less by circumstances, has, as above stated, been uniformly successful for the past ten years, and being so long continued cannot be attributed to good fortune, neither to climate, as it has been equally successful in New England, Virginia and Kansas.—*Monthly Review.*

Pilocarpin in Diphtheria.—The effect of pilocarpin in diphtheria is, according to various German writers, most admirable. Dr. Guttman says that, given internally a free salivary discharge is established, by which the diphtheritic membranes are softened and dissolved, the inflammatory phenomena rapidly lessen and disappear; and the condition of the patient is speedily improved. Out of sixty-six cases, many of them severe, he *did not lose one*, and they all were cured in from twenty-four hours to three days!—*Med. and Surg. Rep.*

SCIENTIFIC ITEMS.

Luminous Paint.—We have already given some account of Balmmain's luminous paint, patented not long ago in England. We do not know whether any experiments have been made with it in this country, but it is being tested in various ways in England, and thus far with very satisfactory results. It has been applied to ceilings as a water-wash, and the effect by night is that of "a subdued light, every object in the room being clearly visible." The luminosity, as our readers will remember, is excited by ordinary daylight, and its effects continue about thirteen hours, so that it is well adapted for bed-rooms, passages that are dark at night, and other places where the use of lamps would be objectionable or inconvenient. The London *Building News* says:

For staircases and passages a mere band of the paint will serve as a guide, and costs but a trifle. For out-door purposes the oil paint is used, but for ceilings and walls the luminous paint mixed with water and special size can be used, the same as ordinary whitewash, and presents a similar appearance in the daylight. We have previously given a short account of the many applications of which this paint is capable, but the comparatively recent discovery that it can be applied as ordinary whitewash, considerably expands the field of its usefulness. Sheets of glass coated with the paint form Aladdin's lamps, which are in use in some of the vessels of the navy, at the Walham Powder Factory, at Young's Paraffin works, and in the spirit vaults of several docks; but now that, by increased production and the use of water as the medium, the cost is reduced by one-half, it will probably be extensively used for painting walls and ceilings. The ordinary form of oil paint has already been applied in many ways to statues and busts, to toys, to clock-faces, to name-plates and numbers on house-doors, and to notice-boards, such as "mind the steps," "to let," etc. The paint emits light without combustion, and therefore does not vitiate the atmosphere. Several experimental carriages are now running on different railways, the paint being used instead of lamps, which are necessary all day on account of the line passing through occasional tunnels. —*Boston Journal of Chemistry.*

A "National Radiant" Fluid.—During the past month a "trial" was given in this city of an alleged substitute for kerosene oil, which is represented to cost much less, and to be perfectly "non-explosive." The usual empirical experiments to prove the safety of this mixture were made, as lighting it with matches, dropping burning coals into it, etc. It is stated that the base of this new fluid is naphtha, with the addition of thirteen cheap ingredients. Among these are potatoes, salt, alum, sulphuric acid, and other substances, all of which might be replaced with soot or sand, so far as they prevent explosions. It may sometime become generally known that there is no possible substitute for good standard kerosene, and that naphtha is still dangerous, no matter how many vegetables are stewed up with it.

This dangerous mixture is manufactured in Cleveland, Ohio, and it

is said that a large quantity is to be put upon the market. Our readers will take warning, and give the new "National Radiant" oil as wide a berth as if it were so much nitro-glycerine. The only safe oil, as has been intimated, is standard kerosene; and it is in the end the cheapest, as doctors' and undertakers' bills foot up much more than any saving made in purchasing cheap naphtha under the name of "Radiant Fluid."—*Ibid.*

Toughened Lamp Chimneys.—The following recipe is from a Leipzig journal devoted to the glass interest: Place your tumblers, chimneys, or vessels which you desire to keep from cracking in a pot filled with cold water, add a little cooking salt, allow the mixture to boil well over a fire, and then cool slowly. Glass treated in this way is said not to crack even if exposed to very sudden changes of temperature. Chimneys are said to become very durable by this process, which may also be extended to crockery, stoneware, porcelain, etc. The process is simply one of annealing, and the slower the process, especially the cooling portion of it, the more effective will be the work.—*Ibid.*

Preserving Wood.—The improved French method of preserving wood by the application of lime is said to work well. The plan is to place the planks in a pile in the tank and to put over all a layer of quicklime, which is gradually slacked with water. Timber for mines requires about a week to be thoroughly impregnated, and other wood more or less time, according to its thickness. The material acquires remarkable consistence and hardness, it is stated, on being subjected to this simple process, and the assertion is made that it will never rot. Beechwood prepared in this way for hammers and other tools for iron-work is found to acquire the hardness of oak, without parting with any of its well-known elasticity or toughness, and it also lasts longer.—*Ibid.*

Providence of Bees.—The Melbourne correspondent of the Dundee *Advertiser* narrates the following interesting proof of the provident and far-seeing instinct of bees: Turning from men to insects, a singular circumstance is reported from a hot, dry valley in New South Wales. Last year the drought there was of long duration, and the denizens of the apiaries suffered much from it. This year the bees have made provision against a similar emergency. They have filled a large number of the external cells in every hive with pure water instead of honey. It is thought that the instinct of the little creatures leads them to anticipate a hot summer. But that they should have gone further, and, by an act which, as far as I know, is without precedent in the habits and customs of their tribes, have created reservoirs to tide over the water famine, is a noteworthy fact indeed.—*Ex.*

A New Oxide of Boron.—From recent experiment and analyses in France, it would appear that there exists a combination of boron with oxygen which has hitherto escaped the notice of chemists. The new boric acid is denoted by B_2O_4 , and being the most oxygenated compound of boron known, has been named *perboric acid*.—*Ex.*

PRACTICAL NOTES AND FORMULÆ.

For Vomiting in Pregnancy—Dr. Goodell recommends:

R Ceril oxalatis,..... } aa gr. j.
 Ipacacuanhæ,..... }
 Creosoti,..... gtt. ij.

M. Sig. To be taken every hour.—*Med. Gaz.*

Jamaica Dogwood in Treatment of Pertussis.—Dr. W. R. Alexander, of West Virginia, in *Therapeutic Gazette*, is quite enthusiastic in his recommendation of this new drug. He says the effect in whooping-cough was quite satisfactory, and in his hands it proved a specific in a number of cases. He now orders it in this disease with as much confidence in its results as he does quinine in malarial affections. Sustaining the patient's strength by stimulants and nourishment, he gives it to children at all ages and in any stage of the fever. The initial catarrh and the catarrhal stages are decidedly benefitted, and the spasmodic attack in many cases wholly aborted.

He recommends the following prescription:

R Fl. ext. Jamaica dogwood,..... ʒjss.
 Syr. tolu } aa ʒij.
 Syr. acaciæ, }

M. Sig. Teaspoonful every two, three or four hours, according to the violence of the spasm or cough. A few drops of the fluid extract in a teaspoonful of water may also be given with good results.—*Louisville Medical News.*

Dysmenorrhœa—Dr. Pearson, in *Medical and Surgical Reporter*, says: I have, for some time past, treated cases of dysmenorrhœa as follows, with very satisfactory results—

R Iodidi potassii,..... } aa ʒj.
 Bromide potassii, }
 Syr. simp.,..... ʒij.

A teaspoonful to be taken three times daily, commencing ten days previous to menstrual period.

When pain commences—

R Tinct. opil. camph..... ʒij.
 Morph. sulph gr. ij.
 Ol. piper..... gtt. ij.

A teaspoonful every three or four hours while pain continues.

The above has proved very satisfactory to me and may be worth something to others, as I have seldom had to repeat the course more than once to effect a permanent cure.

Removal of Nævus.—Dr. Sigler states, in the *Pharm. Centralb.*, that nævus may be removed by means of croton oil, in the following manner: Push a number of needles through a cork, so that the points project 3 to 4 millimetres. Dip the points in croton oil, then insert them in the mole and withdraw. This is a sort of Baunscheidtismus. A scab will form upon the mole; and after it has dried up and dropped off the operation is twice more repeated.

Chemistry of Common Life.—Dr. J. Hendree, of Alabama, writes: Ought not teachers in common and other schools to have some knowledge of the chemistry of every-day life? I read, recently, that a female teacher in a Pennsylvania school put wood ashes in the mouth of a child six years old to punish him, she said, for telling a lie. Is a person competent to teach who does not know the common fact, familiar to an Alabama negro, that ashes and water will form caustic ley? Of course, the child's mouth, lips and throat were perfectly excoriated. Comment is unnecessary.

I believe the education of our children in the physical sciences, especially the chemistry of common life, should be commenced at an early age, with plain, cheap apparatus and simple, attractive experiments. Knowledge thus inculcated is not forgotten.

Gastritis.—Dr. R. S. Forehand, of Georgia, suggests the following treatment for gastritis: The first indication of treatment in this, as in all other affections, is to remove the exciting cause; first stop the vomiting and open the bowels by injections of warm water; after the bowels are open put a large blister over the stomach, also take sixty grains of chlorate of potash put in four ounces of water, give one teaspoonful every two hours. It will be advisable not to give any other medicines by the mouth, except calomel. It is well borne by the stomach, as long as acute inflammation exists. You can give small doses of Dover's powder every two or three hours to keep your patient quiet. Also, if the skin is hot and dry, give ten or fifteen drops of spirits of nitre every three hours. If your patient would like to eat something, let it be light, such as milk punch every three or four hours.

Acute Catarrh.—

R Tinct. iodinii ʒ ss.
Acid carbol. ʒ j.

M. Sig. Place a small, wide-mouthed bottle, containing a moistened sponge, in a vessel of hot water; drop five to ten drops of the solution on the sponge and as the iodine vapor ascends with the vapor of the water inhale it.—*Med. Gaz.*

A Stimulating Expectorant—

R Am. carbonat. gr. v.
Tinct. nux vom. m. x.
Tinct. scillæ ʒ ss.
Inf. serpentar ʒ ij.

M. Sig. Three times a day.—*Fothergill.*

In those cases in which chronic bronchitis is associated with emphysema, or in the second stage of acute bronchitis, where the heart is severely taxed, this combination of remedies will strengthen the overtaxed heart and clear out the air passages.—*Ibid.*

Special Affection Following Diphtheria.—In the *Prag. Med. Wochens et Lyon Medicale* a case of pneumonia and severe myalgia is reported following diphtheria, supposed to be dependent upon the migration or invasion of the diphtheritic parasites.



EDITORIALS AND MISCELLANEOUS.

SOUTHERN MEDICAL COLLEGE COMMENCEMENT.

The Commencement exercises of the Southern Medical College took place at DeGives's Opera House, Atlanta, on Thursday evening, March 3d, 1881.

Notwithstanding the inclement weather a very large audience was present, composed of intelligent and refined citizens—the *élite* of the city. The occasion was made the more attractive by the presence of numerous ladies, and the intervals of the various parts of the programme were enlivened with strains of delightful music.

The exercises were opened with prayer by the Rev. Mr. Spalding. After which the Diplomas were delivered to thirty-eight graduates. They were arranged in two classes upon the stage. The members were separately served, each advancing as his name was called, and bowing politely, received his Diploma at the hands of Dr. Word, the Dean. When the entire class had thus received their Diplomas, they stood erect, at the sound of the gavel, and had the degree of Doctor of Medicine conferred by Dr. T. S. Powell, the President. The second class then received their Diplomas in like manner, the degree being conferred in Latin; then, at the sound of the gavel, both classes stood erect and were addressed by President Powell, in the following language:

My Young Brethren:

According to the laws of Georgia and the usages of the medical profession in America, you are now Doctors of Medicine. But you should remember that the work of instruction is not complete; its cares, its toils, its longings, its pleasures, are still before you.

If you wish to reach the apex of fame's pyramid you must enter upon your new duties from this moment, like zealous physicians just setting forth on a morning of promise, determined to bear aloft the proud flag of your profession, to advance as far as possible, the cause of humanity. May the world receive you kindly. May you be greeted with the kind words of a host of friends.

If you should not, be not discouraged, but pursue your noble employment with cheerfulness, and strive with increased ardor to enlarge its boundaries and contemplate the power with gratitude to God, which he has enabled you to acquire over the suffering and wretchedness of your fellow men, keeping steadily in view the great responsibilities which rest upon you.

Be true to the cause of science, to the dignity of your profession, to the reputation of your Alma Mater. Emulate the great and the good in all of your aspirations. Let all of the influence which you may be able to exercise in society be exerted for purposes which are dear to the patriot, the philanthropist and the Christian. Do this, and you will feel—indeed, you will know, whether life for you be robed in sunlight or darkened by trouble and tempest. Glory's temple will be the tomb, and death itself be immortality.

Go, now, my young brethren, and our prayers shall ever be, that when the trumpet-notes of the resurrection are sounded, and the muster-roll of the universe is called, that each one of you may rise from your mounds, and with the shout of divine victory on your lips, join the immortal legions of the skies.

The Ad Eundem degree was then conferred upon Dr. A F F Kerstan, an intelligent German physician of the city, and a graduate of the Kentucky School of Medicine. While the Diplomas were being delivered, the plaudits of the audience were frequent—numerous floral offerings were showered upon the stage, and rich bouquets and vases laden with gorgeous and beautiful flowers were sent up to many of the class.

The Annual Address, by the Rev. C. A. Evans, next followed. We have not space for its insertion here, but it was, in all respects, an able and admirable production, and was listened to with profound interest and attention.

The Valedictory, by Dr. J. H. Redding, a member of the class, was excellent, and evinced much study and careful preparation. It was well delivered, and listened to with marked attention.

Prof. John Thad Johnson then conferred a prize (a Surgical Case) upon Dr. J. H. Redding for the best examination on the "Theory and Practice of Surgery." The Professor stated that the examinations were thorough and the contest close with a large number. Honorable mention was made of Drs. G. A. Vinson, F. G. Donehoo and N. O. Harris.

A gold medal was offered by Prof. Jas. A. Gray for the best examination in "Chemistry, Surgery and Diseases of the Eye and Ear." This also was awarded to Dr. J. H. Redding.

Profs. Nicolson and Gray awarded a Medical Case to Mr. W. D. Vinson for the best examination as a first course student, in all the branches.

The names of the graduates are as follows:

W. B. ALLGOOD,	J. M. BEARDEN,	J. A. CANNON.
S. P. CLAYTON,	W. E. COURSON,	F. G. DONEHOO.
W. A. EILAND,	H. T. EMERSON,	R. L. FITE.
W. M. GAY,	C. C. GREEN,	J. H. GREEN.
A. GULLETT,	N. O. HARRIS,	M. A. HAYES,
T. F. HOUSTON,	H. L. HOWARD,	A. S. JOHNSON.
C. A. JORDAN,	F. A. LIDDELL,	M. L. MAHAFFEY.
R. F. McCONNELL,	R. J. MILAM,	M. D. MILES.
W. B. PARKS,	F. H. PECK,	J. H. REDDING.
W. C. ROBINSON,	J. A. SISK,	J. R. STODGHILL.
F. G. THOMASON,	J. C. TRENTHAM,	T. L. TURK.
G. A. VINSON,	W. P. WALKER,	J. R. WEBB.
	F. B. WRIGHT,	G. W. WRIGHT.

At the conclusion of the programme Dr. R. C. Word, the Dean, addressed the audience briefly, as follows:

We have now to state that the exercises of the evening are over. The number of the graduating class has perhaps surprised many. It is certainly a large class for a new Institution, and would have been considerably larger had not the prevalence of the mumps and measles prevented a number from completing their studies. In respect to morals, intelligence and proficiency in their studies, the present class attained to a very high average.

I will add that the Faculty and Board of Trustees are much gratified at the presence, despite the inclement evening, of this large and intelligent audience.

They regard it as indicative of sympathy and interest in the great educational work in which we are engaged, and as furnishing another instance of the high public spirit of our people, and the generous encouragement which they have ever extended to all enterprises looking to the interest of the city and to the public good. Herein is found one of the secrets of the unprecedented growth and prosperity of Atlanta.

In the present instance both the public press and the citizens generally, have warmly co-operated in the efforts of the founders to establish the enterprise, which now is regarded as an assured success. We have already accomplished much, but have yet more in view.

A hospital must be erected in connection with the Institution before

the next session, and other important facilities added. We aim at nothing less than to make it the great, leading, central Institution in the Southern States. One, of which the city will be proud, and in which the Profession throughout the South will rejoice. One, which in years to come it will be considered a high honor to have attended, and whose diploma will be a talisman and passport into the highest professional circles in the land. We thank the audience for their presence and polite attention.

The benediction was then pronounced by the Rev. A. G. Thomas, and the audience retired pleased with the occasion, and deeply impressed with the remarkable success of the new Institution and the great prospective advantages which it gives to medical education in the South.

CATALOGUE OF MEMBERS OF THE AMERICAN MEDICAL ASSOCIATION.

The following is an analysis of the catalogue of members of the "American Medical Association," by T. B. Greenley, M. D., of Kentucky:

That old and indefatigable student, Dr. Toner, of the U. S. Army, has arranged in alphabetical order, and by States, a catalogue of the members of the American Medical Association, from its formation to 1880, inclusive.

Thinking an analysis of the catalogue might be of interest to the profession, I have spent some time and a great deal of pains in analyzing it in its various phases. In doing so I have given the aggregate number of the members, the number of each State and foreign countries; the number of deaths, both in the aggregate and for each State. Also the number becoming members each year since the commencement.

The whole number of members up to, and including 1880, is 7,294. The number of deaths, 1,314.

The number of members from each State, and also the deaths, are as follows:

Alabama,.....	97;	deaths, 19.
Arkansas,.....	48;	" 8.
California,.....	93;	" 13.
Colorado,.....	15;	" 1.
Connecticut,.....	234;	" 83.
Delaware,.....	39;	" 12.
District of Columbia,.....	121;	" 31.
Florida,.....	8;	" 00.
Georgia,.....	125;	" 19.
Illinois,.....	448;	" 31.
Indiana,.....	345;	" 15.
Iowa,.....	178;	" 12.
Kansas,.....	19;	" 1.
Kentucky,.....	256;	" 30.
Louisiana,.....	70;	" 9.
Maine,.....	91;	" 23.
Maryland,.....	235;	" 65.
Massachusetts.....	590;	" 196.
Michigan.....	270;	" 28.
Minnesota,.....	36;	" 6.
Mississippi.....	56;	" 12.
Missouri,.....	219;	" 10.
Nebraska,.....	6;	" 00.
New Hampshire,.....	107;	" 36.
New Jersey,.....	209;	" 47.
New York,.....	1183;	" 183.
North Carolina,.....	41;	" 2.

Ohio	470;	"	90.
Oregon,	6;	"	1.
Pennsylvania,	773;	"	140.
Rhode Island,	73;	"	22.
South Carolina,	92;	"	28.
Tennessee	151;	"	34.
Texas,	35;	"	3.
Vermont,	105;	"	18.
Virginia,	186;	"	46.
West Virginia,	34;	"	5.
Wisconsin,	80;	"	10.
Territories,	6;	"	00.
U. S. Army,	42;	"	12.
U. S. Navy,	49;	"	11.

FOREIGNERS.

Central America	1.	France,	3.
China,	1.	Peru,	1.
Germany,	1.	Halifax,	1.
Turkey,	1.	Ireland,	1.
Canada,	49.	England,	7.
New Brunswick,	2.	Italy,	1.
Brazil,	1.	Austria,	1.
Norway,	1.		

The number becoming members each year is as follows:

1846	126	1847	189	1848	189
1849	324	1850	218	1851	97
1852	160	1853	286	1854	183
1855	229	1856	214	1857	125
1858	203	1859	170	1860	241
1863	141	1864	261	1865	265
1866	121	1867	211	1868	132
1869	143	1870	196	1871	136
1872	342	1873	271	1874	228
1875	236	1876	307	1877	297
1878	320	1879	146	1880	558

By making comparative examination of the number of deaths in each State, it will be observed that a great difference exists as to the per cent. of mortality. This, I think, mainly depends on the inability of the statistician to learn the history of members who joined many years ago. A great many no doubt changed localities, thus rendering it a difficult matter, in many instances, to trace them. The mortality ranges as low as 4½ per cent. in Indiana, and as high as 36 per cent. in Connecticut. This is certainly too great a difference to be correct.

It is said by statisticians that the average life of a physician is 56 years, but not having the ages of all who died belonging to the Association, I cannot make a satisfactory estimate.

Dr. Toner, in his report on necrology, gives a short biography of 72 members. I find their ages to have averaged 58.3 years.

It will be noticed that no meetings of the Association were held in 1861 and 1862. These exceptions were due to our unfortunate civil war. It will also be observed that there exists a great difference in the number who joined at the various meetings. This was dependent very much on the locality of the meetings. When the Association assembled at places central to a dense population, then large accessions were obtained, and *vice versa*.

A greater number joined last year than ever before, which I think may be accounted for, to some extent, to the increasing popularity of the Association.

The catalogue and biographies above referred to are published in the transactions of the American Medical Association for 1880.

Ord, Kentucky, February 22, 1881.

NEW YORK ACADEMY OF MEDICINE.

At a meeting of the New York Academy of Medicine, held January 20, 1881, the following resolution was adopted:

Resolved. That a committee be appointed by the President to investigate the extent to which leprosy prevails in the United States.

The President appointed as such committee, Drs. H. G. Pillard, F. R. Sturgis, and G. H. Fox.

The committee are desirous of ascertaining the actual number of lepers in this country at the present time, and to that end respectfully request any physician who may know of the existence of a case in his neighborhood to communicate the fact to the chairman of the committee, at No. 10 West 35th Street, New York.

AMERICAN MEDICAL ASSOCIATION.

The Thirty-Second Annual Session will be held in Richmond, Va., on Tuesday, Wednesday, Thursday, and Friday May 3, 4, 5, 6, 1881, commencing on Tuesday at 11 A. M.

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by *representation in their respective State Societies*, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States."

"Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number; *Provided*, however, that the number of delegates for any particular State, territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

~~See~~ Secretaries of Medical Societies as above designated are earnestly requested to forward, at once, lists of their delegates.

Sections.—"The chairman of the several Sections shall prepare and read in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective Sections. . . ."—BY-LAWS, Art. II., Sect. 4.

Practice of Medicine, Materia Medica, and Physiology—Dr. Wm. Pepper, 1811 Spruce St., Phila., Pa., Chairman; Dr. T. A. Ashby, Baltimore, Md., Secretary.

Obstetrics and Diseases of Women and Children—Dr. Jas. R. Chadwick, cor. Marlborough and Clarendon Sts., Boston, Mass., Chairman; Dr. Jos. Taber Johnson, Washington, D. C., Secretary.

Surgery and Anatomy—Dr. Hunter McGuire, Richmond, Va., Chairman; Dr. Duncan Eve, Nashville, Tenn., Secretary.

State Medicine—Dr. Jas. T. Reeve, Appleton, Wis., Chairman; Fr. R. G. Jennings, Little Rock, Ark., Secretary.

Ophthalmology, Otology, and Laryngology—Dr. Dudley S. Reynolds, Louisville, Ky., Chairman; Dr. Swan M. Burnett, Washington, D. C., Secretary.

Diseases of Children—Dr. A. Jacobi, 110 W. 34th St., New York, Chairman; Dr. T. M. Rotch, 77 Marlborough St., Boston, Mass., Secretary.

~~See~~ The member desiring to read a paper before any Section should forward the paper, or its *title and length*, (not to exceed twenty minutes in reading) to the Chairman of the Committee of Arrangements at least one month before the meeting.—*By-Laws*.

Committee of Arrangements.—Dr. F. D. Cunningham, Richmond, Va., Chairman.

Amendment to the By-Laws offered by Dr. J. M. Keller, Ark.: In the election of Officers and the appointment of Committees by this Association and its President, they shall be confined to members and delegates present at the meeting, except in the Committees of Arrangements, Climatology, and Credentials.

W. H. ATKINSON, Permanent Secretary.

PAMPHLETS RECEIVED.

ROCKY MOUNTAIN HEALTH RESORTS. AN ANALYTICAL STUDY OF HIGH ALTITUDES IN RELATION TO THE ARREST OF CHRONIC PULMONARY DISEASE. By Charles Denison, A. M., M. D., Reporter to the International Medical Congress, Philadelphia, 1876, on "the influence of high altitudes upon the progress of Phthisis"; Author of "Reports on Climate and Consumption" to the American Medical Association, etc. Second edition.

PHTHISIS PULMONALIS AND ITS TREATMENT WITH HYPOPHOSPHITES. By Le de Bremon, M. D., University of Paris (France), Knight of the Legion of Honor; Member of the New York County Medical Society, the Neurological Society of New York, and the New York Medico-Legal Society; Late Clinical Assistant to Dr. J. F. Churchill, Paris, etc., etc.

A DEVICE TO FACILITATE THE REMOVAL OF DEEP WIRE SUTURES IN THE OPERATION FOR RUPTURED PERINEUM. By Aug. C. Erich, M. D., Professor of the Diseases of Women, College of Physicians and Surgeons, Baltimore, Md.

RECEIPIED.

[Receipts not acknowledged privately are entered here.]

1880—Drs. R. A. McIntosh, B. H. Mathews, T. W. Spruell.
1881—Drs. J. R. Wilson, W. H. Pool, D. S. Aswell, T. L. Doster, J. H. Blain, E. A. Anderson, J. F. Con, W. F. Jacobs, M. Hays, F. R. Van Eaton, J. M. Jackson, R. J. Tolbert, J. H. Jennings, E. Wheeler, T. L. Quillen, P. P. Terry, Joseph Underwood, B. M. Walker, J. H. Mason, W. F. Clary, J. D. Jordan, J. S. Milling, T. F. Babbitt, T. S. Parrham, J. W. Gilbert, A. Harris, J. M. Stansell, C. P. Sanders, W. R. Brawner, B. T. Phipps, W. S. Glass, H. Allison, J. B. Rumph, J. O. Sanders, J. R. Johnson, W. P. Chapman, Louis Hadden.

SPECIAL NOTICES.

WILLIAM R. WARNER & CO., Philadelphia, are furnishing the Profession with pure chemicals and a great variety of Preparations of most reliable and excellent quality. Their **SUGAR-COATED PILLS** have an established reputation for solubility and purity. Their **PARVULES**, in the matter of neatness, beauty, variety and convenience of administration, are unsurpassed, and are among the excellences which characterize the advanced condition of drug manufacture of the present age.

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The advertisement of the now celebrated **SADDLE BAG, ELLIOTT'S PATENT**, appears in this issue of our Journal. It is owned and manufactured by A. A. Mellier, of St. Louis, whose house has been established for 25 years, and is among the leading Wholesale Drug establishments of the country. He obtained the patent right of this **BAG** four years ago, and showing its merits to the United States government, it was adopted and 300 were immediately ordered, and are now in active use; a very clear evidence of superiority.

T H E

Southern Medical Record.

EDITORS:

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R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

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ATLANTA, GA., APRIL 20, 1881.

No. 4.

ORIGINAL AND SELECTED ARTICLES.

CONVERSATIONS UPON THE PHYSICAL AND MENTAL HYGIENE OF GIRLHOOD.

BY T. S. POWELL, M. D.,

Professor of Obstetrics and Diseases of Women, and Lecturer on Medical Ethics in
the Southern Medical College.

CONVERSATION IV.

Mother—"Good morning, Doctor. I am glad you have called. I have just received a note from Mary, at her uncle's, and she is delighted with country life; she writes me that she is already feeling much better and stronger than when she left home, ten days ago."

Doctor—"Well, madam, I am glad to hear it, but am not surprised. If she follows directions she will continue to improve, and no doubt will return next fall in much better health."

Mother—"I really hope so. I will do all I can to bring it about, and as I will go out to see Mary two or three times during the summer, I will take any new directions from you, Doctor, and keep you informed of her condition."

Doctor—"Very well, madam, I will be glad to have you do so, and if any unfavorable change should occur in your daughter's case, I will myself go out to see her."

Mother—"I thank you, Doctor; you are so kind. I hope, however,

it will not be necessary to give you that trouble. You are not in a great hurry this morning, are you? Say 'no,' Doctor, and let us begin our conversation just where we left off at your last visit."

Doctor—"Well, madam, I can give you one hour this morning. But I don't believe you remember where we ended our last conversation. If you will count them, you will see that it has been precisely eight days since then."

Mother—"Yes, Doctor, I know it has been just one week, and your visit did not surprise me this morning. I was thinking of you when the bell rang, and felt certain it was you, because I did not forget your last words, as they made an impression on my mind, which I have attempted to use for the benefit of my own family, and by which I think we have all profited greatly. I am trying to teach my children the importance of being punctual to engagements of every character, and that to do this is also a mark of good breeding. You remember there was a European monarch I believe, who said 'punctuality is the politeness of kings,' and I am sure it ought then to be of lesser mortals like ourselves."

Doctor—"I am sorry to know that I am not noted for punctuality at all times, but I can say that when I have thus failed to meet my engagements, I would not give a false excuse by saying I was pressed with other business, or something to that effect, but promptly told the truth, and said I forgot the engagement. A false excuse or apology for failure in punctuality often makes matters worse, as some remedies do diseases."

Mother—"Yes, I have frequently heard apologies given that were worse than the offence itself."

Doctor—"When I was about twenty-one years of age, I was much impressed with the importance and obligation of always telling the plain, unvarnished truth, by a discourse I heard from the noted Bishop Pierce. In his complete definition of a falsehood, he showed that to be guilty of this evil, it was not necessary to use words that were false in themselves, but intentionally making a wrong impression, no matter what was the language used, was really a falsehood, and just as damaging to character, or a cause, as a plain-spoken untruth. His remarks upon this question made so deep an impression upon me, as you say in regard to my last words to you, I have not forgotten them."

Mother—"It is difficult to estimate what good results sometimes follow from words that the speaker, perhaps, thinks have been but little heeded by those present, and for this reason I think we ought always to be careful of what we say in the presence of children, and all young people, as their plastic minds receive the most lasting impressions. I can remember when I was a child of hearing incidentally remarks

made by older persons, the memory of which kept me often from committing wrong, or even coming in contact with it, after I grew towards womanhood. I am afraid we older people do not talk with as good effect in the presence of children now as they did when I was a child."

Doctor—"I don't think we do, madam. The truth is, in this pushing age, we have no time, it seems, for these good, old fashioned talks, that will instruct by making deep and lasting impressions. Every one is like I am this morning—in great haste to push on to something ahead; so we will get to business, by beginning where we left off at my last visit. Do you remember where that was?"

Mother—"Certainly I do, Doctor; we were speaking of lake or marsh water, which you said was entirely unfit for man or beast, and that you would give me your reasons for it when you called again."

Doctor—Yes, madam, such water is absolutely poisonous, because it is always impregnated with putrified vegetable and animal matter. As pure water is so essential to health, and can be obtained if the proper means are used, it is the imperative duty of every city and citizen to provide this great essential. It is now generally believed that impure water is one of the greatest causes of hog cholera."

Mother—"But, Doctor, how can we get pure drinking water in a city, especially where we have such a miserable, inefficient system of sewerage as in this place, and indeed in almost all of our southern cities? I asked this question at your last visit, but you did not have time to answer me."

Doctor—"Well, madam, the only available way I see at present is to have a properly constructed cistern on every house or lot, built so as to filtrate enough rain water for drinking purposes the year round. Where one has not the means to do this, and must use well or hydrant water, it can be purified to a great extent by boiling enough water every morning to last until the next, in a clean vessel into which nothing but water is ever put, then strain by dripping through a flannel bag. Put the water into bottles; cork tightly, and in the winter set in a cold place. In the summer put the bottles in a pail and keep enough ice around them to have the water pleasantly cold."

Mother (laughing)—"But, Doctor, how many, do you suppose, would be at that trouble to boil and filter the water? besides the poor could not afford the ice."

Doctor—"A good many could afford a little ice in the summer if they would do with less pork grease, and as to the trouble, it would not be near as great as to nurse perhaps several members of the family through an attack of typhoid fever, or malignant dysentery."

Mother—"No, I should think not. I am much obliged, Doctor, for this information about pure water, and, as I have said, we have been

compelled to use all these kinds I mentioned, and now I shall always believe that several cases of typhoid fever in our family were caused by the water we drank."

Doctor—"I have no doubt of it, madam; in my opinion, impure water and unsound food are the most pregnant causes of that type of fever."

Mother—"Well, I am glad Mary is now getting pure spring water, clear as crystal as it runs out of a rock and falls into a rocky basin. I have been to the spring at her uncle's, and I know *that* water is pure and wholesome. As to good, sound food, I have always thought before this, that Mary got that at home."

Doctor—"I know she gets the best the city affords, but you can get no article of food in the city as pure and wholesome as you can procure it in the country. Perhaps you will be surprised to hear, my dear madam, that milk produces a greater amount of disease than almost any article of food."

Mother—"You indeed surprise me. I thought milk was one of the best and most nourishing articles of food, and is so generally used, I never would have thought it productive of any disease."

Doctor—"Your surprise is very natural, madam, as it is only within the last five years that the attention of the medical scientist has been much directed towards the investigation of this great source of disease. The proof, though, is now abundant and conclusive, that milk adulterated with impure water, in many places, and particularly in large American and European cities, has been the cause of typhoid fever, diphtheria, diarrhoea and dysentery. It is also now generally believed that a large proportion of the deaths which occur among infants from bowel affections, is owing to milk thus tainted, and by putting it into nursing bottles that are seldom properly cleaned and kept in a pure atmosphere. Milk also becomes a medium of disease by absorbing poison from the air; therefore it should be closely covered, and never be kept in badly ventilated store-rooms with an unpleasant odor about them, and it should never be put in vessels made of lead or zinc. I have known several families poisoned by milk standing in such vessels, and in an impure atmosphere. Prof. Tyndall now asserts that diseases are propagated from solid particles discharged into the atmosphere by currents of air or gas."

Mother—"But how are we to know this, Doctor, and how did the Professor arrive at that conclusion?"

Doctor—"By the following experiment: He cut up a piece of steak, steeped it in water, heated it at a little above the temperature of the blood, then strained off the liquid. In a short time this fluid became turbid, and when examined through the microscope was found to be

swarming with living organisms. By the application of greater heat, or by boiling, these organisms were killed, and when the solution was filtered he obtained a perfectly pure liquid, which, if kept free from particles of dust, would remain pure for an unlimited period; but he rejoined, that if a fly were to dip its leg in any fluid containing living organisms and then into a pure liquid, the whole of it would be swarming with animalcules in forty-eight hours."

Mother—"How wonderful! and is it not fortunate that people have a great repugnance to drinking anything into which one of these insects has fallen? Even one little fly may thus bring disease into a family."

Doctor—"Yes, and many of us, no doubt, drink milk, and broth, or soups into which the insect has not only fallen, but died there; but fortunately for our fastidiousness, and unfortunately for our health, we do not know it. Scarlatina has frequently prevailed in communities from drinking milk that had absorbed poison from the air. The truth of this mode of conveying disease is now so well established that in some sections of Europe the laws have instituted a regular scientific system for the inspection of even the cow-sheds, dairies and everything pertaining to the milk that is used by the people. Unfortunately *our* people regard this as a small matter, especially in rapidly growing cities like Atlanta, where the parents cannot take time to eat themselves, much less to properly prepare the food and give it to their children in a manner and of a quality that will best conduce to their moral and physical development."

Mother—"You are rather hard on us of the far South, Doctor, but where were you raised, and where did you get your first start into the great physical proportions you have attained? Was it not in Virginia?"

Doctor—"My dear madam, you misapprehend me. I do not mean any reflection upon the people of your State, but simply to drop a good seed into the good soil I believe your mind to be, and indeed, I may say, the minds of women generally in Georgia, as I have found them, upon the whole, better educated than in almoet any State in the Union. You might have known from my avoirdupois and perfectly healthy appearance, that I was raised on a good bill of fare in Virginia, though there are a few similar specimens in your own State."

Mother—"I believe they do have most excellent food in Virginia, at least our Georgia soldiers who were quartered in that State spoke in the highest terms of its table hospitality, as well as its glorious patriotism. I believe, Doctor, that before we get through the subject of food, you will convince me that the proper selection and preparation of it accounts for Virginia being able to boast of having reared the

largest number of the finest looking men and women in America."

Doctor—(laughing,) "I hope so, madam, and then you will, no doubt, understand how these fine men and women can be produced anywhere else, especially in Georgia, the progressive State of the South. But, I am glad to know that your daughter will get a plenty of good, sound food at her uncle's in the country. She will have milk pure and fresh; bread made from the best of wheat and corn. just from a water mill, and chickens that have not been imprisoned in coops reeking with foul odors; besides fresh game, mutton, choice fruit, etc. You know how those nice, motherly country ladies can feed any one at their tables."

Mother—"Yes, indeed, I have been at them often, and to hear you speak of them makes me want to go again. I did not intend for this interview to be so long, Doctor, but I find that the subject of food is equally important with that of drink, and in some respects is to me more interesting. I would be glad if you would enlighten me a little more in regard to our articles of daily food, and the disorders or diseases produced by them when not properly selected and prepared."

Doctor—"Well, madam, as I have already made some statements upon this subject, I will finish up that of meats, since that is an article of food upon which much intelligent and careful discrimination should be used. The most constant meat used in the city is that procured from the butcher. There are conflicting opinions in regard to the effects produced by eating unsound and diseased meats of this class. Epicures, generally, prefer game and fowls, also beef and mutton, cooked when the meat is on the verge of decomposition."

Mother—"I have known English people to pick their fowls, hang them up, and wait until they were in that state before they were cooked. They said it made the meat more tender, and more easily digested."

Doctor—"Yes, I have known many such instances, and as it is common for the shepherds and farmers of Scotland to eat stale mutton from choice, and with impunity, such practices have given rise to the opinion with some, that diseased or decomposed meats are not poisonous as might be expected, or is supposed to be; but all agree that it is the thorough cooking of such meats that prevents them from causing dangerous or fatal diseases. I am convinced though, and there is an abundant proof to sustain me, that no matter how thoroughly such meats are cooked, there is a great risk to health, and sometimes life, in eating them."

Mother—"It is a risk to which I would never subject myself or family."

Doctor—"I have known many cases of vomiting, diarrhea, and a

slow kind of fever produced by eating such food; also tape-worm, nettle rash, scurvy, and other diseases. These remarks will also apply to certain kinds of cured, or to bulk meat, and of which I have already spoken. All vegetable food that is unsound, or becoming mouldy, is also unwholesome; so is butter mixed with lard, vinegar made of sulphuric acid, pickles made green by adding sulphate of copper, and bread that is whitened by the use of alum, cake made light by the addition of ammonia, all of which food is bought and sold and eaten in our large towns and cities."

Mother—"What kind of bread, Doctor, do you think is the most wholesome, and very palatable besides?"

Doctor—"Well, madam, bread to be altogether wholesome, must first be made of meal or flour ground from perfectly sound corn or wheat, and where possible, fresh from a good water mill. Unbolted flour is more wholesome than the white, but if the latter is used it should be made into bread after one or the other of the following directions. If light bread is desired, purely vegetable, or the old fashioned milk and salt yeast should be used, and so fresh that no carbonate of soda, or other alkali will be needed to correct the acid. But, if plain bread or "biscuit" is wanted, let it be prepared as our old mothers and grandmothers used to have it, by making it with no ingredients but good flour, salt, a little sweet lard, or butter, mix with water or sweet milk, and after sufficient kneading, have the sponge, or "dough" as some call it, well beaten on a block, then roll it thin as desired, cut it into biscuit, and bake brown in a slow oven. Such bread, eaten cold or moderately warm with a little fresh butter, is not unwholesome, and is palatable enough for an epicure."

Mother—"Yes, I have eaten it often at my mother's table, and know it is delicious."

Doctor—"When one can afford it, and the corn bread is desired, to be very good as well as wholesome, it can be made with perfectly sweet "clabber," as it is generally called, with no whey in it, then add sufficient melted butter to give the crust some crispness, then beat in as many eggs as you choose, one or more, according to quantity of batter, pour into a hot, buttered baking pan and cook immediately in a hot oven until brown, and well steamed. Corn meal "lightbread" that all these nice old-fashioned housekeepers know how to make, is also very good, and is wholesome. Where families cannot afford this more palatable process of making corn bread, they had better prepare it in the plain southern plantation manner of big, generous 'pones,' baked thoroughly and dry, in an old fashioned oven, or the equally good plain 'hoe-cake' and 'ash-cake.' I am satisfied that salaratus, tartaric acid, alum, ammonia and all these deleterious ingredients, are

positively injurious, and finally destructive to health, and they are all employed to a great extent in the products of our bakeries, and also in private households."

Mother—"Judging from your remarks, the bread that most people eat in this country must have a great deal to do with the prevalence of ill health among them. This article of food is a very important one, is it not?"

Doctor—"There is none so much so, and it has been fitly called the staff of life. More bread is consumed than any other food; it is really the principal article of sustenance, and it is of vital importance to have it day by day of the best possible quality as regards the ingredients, the preparation of the bread and the manner of cooking it."

Mother—"I have observed that the almost universal manner in which white flour is prepared for bread, in both towns and the country, is what we call soda, or yeast powder biscuit."

Doctor—"Yes, and these soda biscuit are usually made yellow with the alkali, have a little rancid lard in them, are rolled, or made out two inches thick, and cooked about half done. Such bread, especially when eaten hot, and saturated with stale butter or some other grease, would demoralize the digestive organs of a mule, provided you could get the mule to eat it. No man, woman, or child can use this bread habitually without having the health destroyed sooner or later."

Mother—"But is not bread made of yeast powders wholesome?"

Doctor—"No, madam, even if you can get the article composed of pure materials, which you seldom, if ever, can do. Alkalies were intended by nature for mechanical, domestic, or medicinal purposes, and not as ingredients for regular food."

Mother—"All this indigestible food is an injury to the complexion as well as the health, is it not?"

Doctor—"Certainly, madam; so long as a person has perfect digestion the complexion in a majority of cases will be clear and bright, with color in the cheeks and lips; the mind will be cheerful and active, and the body able to undergo fatigue that it would not under an opposite condition of the stomach."

Mother—"If our ladies, especially young girls, knew these things, they surely would be more careful about eating improper food. All women seem to set more value upon a beautiful complexion and fine teeth than any other personal attractions. That is why they use so many cosmetics."

Doctor—"All of which are ruinous to the complexion, and also, in nearly every case, injurious to the eyes and the general health. If ladies would only learn it, they would find that perfect health and cleanliness give a far more beautiful complexion, and softer brightness

to the eyes than any art can do. Good health and wholesome food, with proper care of the teeth, will preserve them also in their natural beauty. Hot food and drinks are injurious to the teeth as well as the stomach. But, madam, my time is now out, and must leave this subject for the present, and bid you good morning.

[TO BE CONTINUED.]

GONORRHOEA.

BY A. F. DURHAM, M. D., OF GEORGIA.

Without going into an elaborate discussion or description of this seemingly familiar disease, I will just briefly state the symptoms that usually mark its ingress and progress in the acute form:

The subject on rising, generally from the fourth to the seventh morning after inoculation, if a male, will notice a slight itching at the mouth of the urethra, which will be found slightly glued together, an unusual redness, and on squeezing the glans the discharge of a very small quantity of a perfectly transparent or white opaque fluid, and on urinating, a little tingling or stinging sensation. If the disease is not arrested at this point, the above symptoms will be followed in a few hours by a decided burning on urinating, extending from half an inch to the whole length of the canal, with increased discharge, thickened, a decided yellow color, and, if the attack is very acute, merging into a greenish cast.

In the course of thirty-six or forty-eight hours at farthest, *the vexatious* and distressing symptom of *cordee* proclaims the stride of the disease, causing the patient not unfrequently, late at night especially, to utter not very pious ejaculations, exclamations, rash threats and harsh promises, the while invoking the embrace of Morpheus.

I will here, rather digressively, state that urethral chancre is sometimes mistaken for this disease, but a peculiar lancinating pain at a certain spot, continual but aggravated by pressure, at each discharge of urine will render the differential diagnosis pretty clear, and if unarrested the secondary symptoms of syphilis, as bubo, sore-throat and a characteristic cutaneous eruption will put all doubt at rest.

Treatment—Close observation, with an experience of thirty years, has convinced me that of all the thousand and one "boasted and infallible" remedies, there is but one specific treatment, and that is the abortive.

A solution of argenti nitratis 60 grains to the ounce (no less) will, —or has in my hands at least—invariably destroyed the specific character of the disease, leaving nothing but a simple inflamma-

tion to deal with. But this should be resorted to only in the incipency, or when the disease has not extended above an inch up the urethra, and not left to an ignorant or untaught patient. If it is, it will likely prove unsatisfactory,—to say the least—if not dangerous. The proper way to apply it is, to secure the urethra about half an inch behind the diseased portion with the thumb and index finger of one hand, while the syringe is carefully introduced with the free hand. The solution should be thrown in with considerable force to insure contact with the whole diseased surface. Just previous to this the canal should be washed out with soap-suds or simple water as warm as can be conveniently borne. Immediately follow the nit. arg. with a syringe-ful of a solution of chloride of sodium.

The following used every three, four or six hours will generally subdue the inflammation within forty-eight hours:

R Zinci acetatis,
Plumbi acetatis,
Morphæ acetatis,..... aa grs. iv.
Pulv. accacia,..... ʒ ij.
Aq. rosæ, vel camphoræ,..... f ʒ viij

M. Sig. A syringe-ful immediately after urinating.

Bitartrate of potassa and sulphate of magnesia in equal portions should be taken in teaspoonful doses every two or three hours until the bowels become soluble.

As it seldom happens that a case is seen in time to avert it, I briefly give the treatment I usually pursue, which, in a vast majority of cases, is entirely successful. I direct the patient to put a heaping tablespoonful of equal parts of bitart. potass. and magnesia sulphatis into a quart of water and take a wine-glassful of the solution every three or four hours until the bowels become lax, and then continue *pro re nata*. Meantime use the following:

R Potass. permanganatis,..... grs. iv.
Zinci sulphatis,..... grs. xxiv.
Morphiæ sulphatis,..... grs. iv.
Acid gallic,..... grs. iv.
Acaciæ,..... ʒ ij.
Aq. camph. vel. rosæ f ʒ viij.

To get the full benefit of the medicine, the patient should be directed to make sufficient pressure on the perineum to prevent ingress into the bladder, by sitting on a chair or stool, placing a ball or some convenient body on the perineum and resting on it.

The urethra should be first fully distended with air by pumping into it with the syringe, securing the end of the penis between the thumb and index finger while the instrument is being withdrawn. The distention should be kept up a minute at least, and the urethra pressed

from the scrotum forward with one fore-finger, which will press all the pus out of the lacunæ. This manipulation should be followed by urinating, and this immediately by the medicated fluid, which should be retained two or three minutes in the manner above described, and contact of the whole diseased surface is thus secured.

This should be repeated every four hours for two or three days, when the discharge ceases and the disease is cured.

I always use anodynes and diuretics internally, though it may not always be necessary.

The following is a favorite of mine, and seldom fails to accomplish all that could be desired: Ether nitrosi, acid nitros, tr. gelseminum, tr. opii camphorata and aq. menthæ vel cinnamon, mixed in proper proportions and taken in one or two teaspoonful doses *ter die*, half an hour after meals, diluted with sweetened water.

The cordee is easily controlled by small enemata of cold water per rectum during the day, and a mixture of camphor and hyoscyami suspended in flax seed or slippery elm infusion at night. When the disease becomes chronic I add either, balsam copaiba, or fir to the above internal mixture, or give in solid form, or when the patient is debilitated and anemic combine them with iron.

If the case is very obstinate I use chloride of zinc, one to three grains to the ounce, with the same proportion of acetate or muriate of morphia. When it is practicable, in the chronic form, I insert a metallic bougie into the bladder at bed-time, allowing it to remain all night and follow it with the injection in the morning as soon as the patient has voided urine, repeating once or twice during the day. The most obstinate cases readily yield to this treatment in a few days.

The diet in the acute form should be rather bland and unstimulating. In the chronic, where the iron is indicated, I allow a generous diet, with porter, ale or a drink of gin or fine corn whisky two or three times a day.

One word more. When the disease has lost its specific character occasional coition is beneficial, in two ways at least: it benefits the relaxed urethra and has a tendency to prevent and cure stricture.

PROGRESSIVE LOCOMOTOR ATAXY.

BY T. B. GREENLEY, M.D., OF KENTUCKY.

From the best observations it is demonstrated that this disease is located in the posterior column of the spinal cord, and, of course, belongs to the great family of diseases known as neuroses. Its pathology seems to be a sclerosis of that portion of the cord, and commences

in the lumbar region. The patient at first may only be conscious of a slight tingling sensation or numbness in the extremities, amounting as it progresses to partial anæsthesia.

The most prominent symptom in the disease as it progresses is the want of accommodation on the part of the muscles of locomotion. The patient, on attempting to walk, shuffles along like a drunken man. The muscles refuse to obey the will, and in making the effort he may fall. Owing to partial anæsthesia, the ground feels soft, as though he was walking on cotton or wool. His eyes serve as crutches and guide him in his steps, or otherwise he is liable to fall. He, therefore, is unable to walk in the dark. The sense of touch is greatly impaired, being unable to distinguish what he may hold in his hand without looking at it.

The tendency of the disease is to grow worse, and finally to bring the patient to bed. The cause of ataxy is not, I presume, well understood, as we may see it developed in those who are apparently robust, and who may have previously enjoyed good health.

The prognosis is generally unfavorable as far as entire recovery is concerned; yet independent of this a prudent man may, with proper treatment, live many years, and enjoy comparative comfort. Fortunately it is comparatively a rare disease; I have seen but two cases in a practice of thirty-six years. Both of these were in young people of previous good health. One, a female of sixteen; the other, a young man, both unmarried. The first was not my patient, and I am unable to give a history of the case or its termination. The second, a young man twenty-eight years old, stoutly made and of usual robust health, applied to me for treatment in October last. He had six weeks before begun to feel slight numbness in the extremities, which gradually increased until he found himself unable to place his feet properly when walking. He, however, continued to work a while longer, being engaged as a hand at a saw-mill.

When I saw him he could still hobble along, frequently staggering, and sometimes nearly falling. I directed him to suspend all efforts to work, and keep comparatively quiet.

The treatment consisted in the use of tinctures of nux vomica and belladonna, of each 15 drops three times a day, with proper diet. Frictions and stimulating applications over lumbar region.

In two weeks from the time I first saw him, he was unable to walk, but his appetite and digestion continued good. This inability to walk only lasted about two weeks before he began to improve; and by the first of January he was able to walk better than when I first saw him. He continued to improve and is now apparently as well as he was previous to the commencement of the attack. He feels no difficulty what-

ever in commanding the use of his feet in locomotion. He seems so entirely relieved that I advised him to discontinue the medicine some time since.

The most approved treatment of ataxy seems to be the use of ergot, but in my case the patient could not take it on account of intolerance on the part of the stomach. Nitrate of silver is also highly recommended in this trouble, but as the nux vomica and belladonna seemed to do well I did not use it.

I do not recollect having seen belladonna recommended for ataxy, but as I have had good results from it in some other affections belonging to the class neuroses, I deemed it worthy of trial in this disease. Should any member of the profession who may see this article, and who may happen to have a case of ataxy on hand, I hope he will give the treatment I used in this case a fair trial, and report the result.

DOUBLE PNEUMONIA.

BY E. P. TOWNSEND, M. D.

In view of the recent articles by Dr. Hiram Corson, in the *Medical and Surgical Reporter*, also one in the February number of this journal, by Dr. Ezra Michener, and a reprint in the present number of one by Professor S. D. Gross, upon the subject of "Bloodletting as a Remedy," each of whom refers to pneumonia as one of the diseases whose fatality has increased since bloodletting has gone out of fashion, I have thought it advisable to report the clinical notes of a case occurring recently in my practice. The notes were taken at the bed-side, and carefully taken with a view to publication, since the practice is such as I have followed for upwards of fifteen years, with excellent success; in fact with such success that I believe that cases of this kind occurring in previously healthy individuals, and seen in the early stages, should be almost invariably saved. The patient was Mr. Henry O., aged twenty years. I have known him since he was five years old. He has had no previous sickness of a serious character; no hereditary taint; weight about one hundred and forty, height five feet four; is noted for his endurance in athletic sports; a tinsmith by trade.

On the 8th of January, he was on the river skating most of the afternoon; left the ice at Burlington quite warm from the exercise, and walked home, a distance of three miles. On the 9th he found he had contracted a severe cold, but again went to the river and skated for some time. On the 10th and 11th he remained in the house and used some domestic remedies. I was called to see him at 8 o'clock; on the evening of the 11th, and found that he had just had a severe chill. His breathing was thirty-six to the minute, respirations shallow, a hectic flush on each cheek; in the bowl at the bedside was considerable rusty and blood-streaked sputa; the pulse was 120 and the thermometer registered 104° in the axilla. There was very little thoracic movement in respiration, the breathing being diaphragmatic. Auscul-

tation revealed crepitant rales in lower lobes anteriorly, and in the whole posterior surface of both lungs; skin dry and hot. I ordered tinct. verat viride, gtt. iij every hour until the pulse was reduced to 70; the whole anterior surface of the chest to be covered with silk oil cloth, next the skin. Saw the patient again at 12 m., and found the pulse 108, temperature 102°. I remained with him and continued the treatment until 4 a. m., when the pulse had dropped to 80; temperature 101°; skin moist; respirations twenty-four; expectoration more free and containing much more blood. The veratrum was ordered to be given every two hours if the pulse was above eighty, and I left him in charge of his mother.

12th, 8 a. m.—Nurse and patient slept from 5 until 8, and no medicine given, the skin was again dry, pulse 104, temperature 103°; no veratrum had been given. 3 p. m. Ordered it to be given again once in two hours until I returned, unless the pulse was reduced to 70 and the patient prostrated, or vomiting ensued. At 12 m., pulse 100; the patient sweating freely, breathing more easy and the expectoration more profuse and more blood. The patient in disobedience of orders, had insisted upon talking a great deal. At 6 p. m., pulse 70, temperature 98°; patient perspiring freely; mucous rales over lower anterior lobes of each lung.

13th, 8 a. m.—Patient perspired freely all night; veratrum had not been used but once; pulse 90, temperature 98°; ordered

R Ammon carb..... ʒj.
Muc. acacia..... ʒ iv.
Tr. aconite..... gtt. xvj

M. f. Emul. Sig. Teaspoonful to be given every two hours; veratrum discontinued.

12 m.—Pulse 100, temperature 101.5, respiration 30; moisture on forehead only; discontinued the ammonia, and re-ordered the veratrum until the pulse was reduced to 70 again. At 6 p. m., veratrum again discontinued and ammonia substituted.

14th, 8 a. m.—Pulse 100, soft and feeble, perspiration* and expectoration profuse; continued ammonia. In addition, ordered the patient ʒij of brandy in ʒij of milk every four hours, to be alternated with beef tea; the temperature had dropped to 98.5°. Continued this treatment throughout the day and night.

15th, 8 a. m.—The sputa is abundant and sanguineous, it also contains lumps of clear jelly-like matter; the face is pale and perspiration very free, especially about the head. Changed the remedy as follows:

R Ammon carb..... ʒj.
Muc. acacia..... ʒ iij.
M. emulsion, et ad.
Tr. gentian..... ʒ j.

Sig. Teaspoonful every two hours. Brandy, milk and beef tea continued.

16th.—Patient convalescing, pulse 90, respiration 24, expectoration less profuse, still glutinous and bloody; treatment continued. There was no further drawback, and the patient left his room on the 20th, and was discharged on the 22d.

I give the above case in full to illustrate the following points. First the patient was of the sthenic type. The disease of acute form, and it had not yet reached the second stage. What kept up the engorgement of the lung? The rapid action of the heart; and evidently the indication was to quiet the heart. How should I do it? I had a choice of means; the lancet, *veratrum viride*, *aconite*. Either of them was certain to do it if properly used. Every man works best with the implements he is most familiar with. I was accustomed to using *veratrum*; I knew it would do the work, and I used it as fearlessly as either of the gentlemen named above would have used the lancet. When it had accomplished its work I ceased using it.

The patient was prostrated, but no more than he would have been with the lancet, and he had all of his blood in his veins, except what he had lost through the lungs. In his weak condition his system was not called upon to manufacture thirty or forty ounces of blood to supply deficiencies. In olden times the advocates of bloodletting claimed that the blood was bad and must be removed, and pointed to the buffy coat as a proof of their theory, but our recent advocates lay no such claim; they bleed to reduce the power of the heart. Then why not reduce the power of the heart with *veratrum* and save the blood? All the modern talk of change of type of disease is sheer nonsense, and the type of any disease in a patient depends entirely upon the physical condition of that patient when attacked. There is no doubt bloodletting would be just as beneficial when necessary, as it was in former days; but what's the use of losing the volume of blood when the heart can be controlled just as completely without it? It must be borne in mind that Chemistry and Pharmacy have made rapid strides in the last half century. The statement that pneumonia has been more fatal in late years than formerly, may be true, but the fault lies in false teaching and bad judgment.

Professor Flint, not many years ago, taught and advocated throughout the land that pneumonia must be treated with stimulants, and Professor Flint was right, so far as the clinical cases who presented themselves at public institutions, suffering in the second and third stages of the disease, with constitutions previously shattered, by want and exposure, or rum and syphilitic taint, were concerned, but that any country doctor could go to the bedside of a pneumonic patient who was strong and robust but a few hours before, and pour whisky on the already blazing fire that consumed him, is simply ridiculous; and yet they did it because Austin Flint ordered whisky in pneumonia.

The proper timing of remedies is also a great element of success. Professor Gross, Hiram Corson or Ezra Michener, would neither of them advise bleeding every man that had pneumonia, simply because he had it. Every physician who knows how to use a fly blister, knows that his patient must be in a certain condition before a blister is available. As well use the lancet or *veratrum* in the last stage when life is fast ebbing out, as use whisky or ammonia when the whole system is on fire, and the heart beating furiously and forcing the blood into the injured lung in torrents. The lancet, *veratrum* and *aconite* have all been maligned because they have been misused and abused by persons

unfamiliar with the tools they were using, and the disease they are trying to combat.

One great cause of the increased fatality of inflammatory or acute diseases at the present day, is the pusillanimity of medical men. It is fashionable to be skeptical about the effects of remedies, to preach of hygienic measures, of the self-limitation of disease, of time and rose water; but when a physician is called to the bedside of a patient, suffering with an acute inflammatory affection, Professor Gross will agree with me it is the time to roll up his sleeves and fight for the life of his patient.—*Country Practitioner*.

CHRONIC NASAL CATARRH.

My experience in the treatment of this disease, said Doctor Gustine in a paper read before the Medical Association of Iowa, has been a complete failure, in most instances, as far as producing a cure. Improvement has followed the use of the various remedies, both local and constitutional, recommended by the most reliable authorities on this subject; but I must confess that my success in this latitude has fallen of that which they have represented, especially in old and inveterate cases. I deem local remedies of paramount importance. For local applications, one of the best to commence with is a weak solution of permanganate of potash, one grain to the ounce of water. And let me here say, that I prepare the water myself, taking rain water and boiling it, to destroy as much as possible the infusoria always present in this fluid, and then strain. Much of the distilled and medicated waters in the shops is impregnated with this adulteration by long standing, and hence is unfit to be used in this affection. In mild cases without erosions or ulcerations, the strength of the various local applications must be increased as the patient can bear them. Do not produce too much pain. Carbolic acid is one of our best remedies to allay fetor, and aid often in restoring the parts to a more healthy action.

One important point to remember is, that the membrane must first be cleansed of secretions more particularly from inspissated mucus, so that the medicinal substances may come directly in contact with the diseased surface. One of the best remedies for this purpose is a solution of common salt, half an ounce or one ounce to the quart of water, also a solution of muriate of ammonia is an excellent dissolvent. They can be administered by means of Thudicum's apparatus, or by a large syringe. When there is a thin, gleety discharge, you will find a weak solution of sulphate of copper, one-fourth to half a grain to the ounce of water, a most excellent remedy.

It will not do to continue one substance too long at a time. It is best to alternate them every two or three days, unless the improvement appears to be very decided under their use. Change of remedies is beneficial in this disease as well as in most others. We often fail from inattention to this rule.

When the maxillary sinus is involved, it will be necessary to extract one of the molar teeth and make an opening into the antrum through which the injection can be administered. Sometimes the disease extends to the frontal sinus, and these are the most obstinate cases we

have to deal with, because it is impossible to make our applications. Hypertrophy and atrophy of the nasal membrane are very unfavorable conditions, and, as a general rule, resist treatment a long time; and many cases of this character are never cured. These are the conditions which require strong caustic and ointments. Ointments are more effective here than solutions, because their effects are more permanent. It is often necessary to apply them in full strength, so as to change the diseased action of the part. Boracic acid has been highly recommended in the latter, and the iodine preparations in the former. A weak solution of corrosive sublimate, as an alterative, in hypertrophy, has been used with benefit.

There is one important point it will be well to impress upon your attention, and that is, the great improvement produced by climateric influences. A removal to a latitude where the temperature is scarcely ever below the freezing point has benefitted and cured, when the disease is not too far advanced, more persons than the most effective remedies. Corroborative of this position, to which allusion has been made, is the fact that the negroes who have emigrated from the far South to a more northern latitude are most universally attacked. I would, therefore, recommend as a great factor, a removal to such a climate as Florida, or Southern California.

Treatment of Ozæna.—The *Lancet*, January 1st, says: In several cases of chronic inflammation of the nasal and pharyngeal cavities, giving rise to offensive discharge, Dr. Poore has found decided benefit result from the use of a stimulant and antiseptic snuff having the following formula: bichloride of soda, nitrate of bismuth, of each one drachm; disulphate of quinine, ten grains; iodoform, five grains. This snuff has the effect of stopping the fetor and greatly diminishing the amount of discharge from the nostrils. It is liable, as are all snuffs when used for similar conditions, to cake in the nostrils, and it is, therefore, necessary to thoroughly wash out the nostrils once a day. This may be done by means of a nasal douchette, or the patient may easily be taught to snuff a lotion up the nose and allow it to run out of the mouth. A tablespoonful of glycerole of borax dissolved in a wineglass of tepid water forms an excellent wash for the nose, and with a little instruction patients learn how to wash out their nasal and pharyngeal cavities without the aid either of syringe or douche apparatus. In cases where the ozæna is of a simple kind, not due to caries or necrosis of bone, but rather to a sluggish, inflammatory action occurring in a scrofulous subject, considerable benefit is often derived from the administration of the sulphide of calcium in doses of half grain or a grain (in pills), taken three times a day. It is often necessary to cleanse the nasal and pharyngeal cavities with a brush inserted through the interior nares, and also behind the soft palate, so as to reach the summit of the pharynx. The brush may be moistened with glycerole of tannin, and after the cavities have been cleaned a little dry iodoform may be passed into the cavities on the tip of the brush.—*Indiana Medical Reporter.*

ABSTRACTS AND GLEANINGS.

Experiments with the Inhalation of Sulphuric Ether.—

Dr Taylor, in the *New York Medical Record*, says: In 1872 I inhaled ether myself for the purpose of experiencing in my own person its physiological effects and noting the amount of rational consciousness remaining while insensibility to pain continued. My experiment resulted in a perfect demonstration to my own mind of the following propositions:

First.—Ether affects the *terminal ramifications* of the nerves *first*.

Second.—That complete insensibility to pain may be produced by ether, while entire rational consciousness remains. Thus, while perfectly conscious of everything, I could stick a pin or make a small incision in any part of my body without feeling any pain whatever. I also noticed that the peculiar deadness or numbness began in the feet and hands first, and extended gradually to the trunk, until—although fully conscious *mentally*—I did not know that I was breathing unless I *looked* at my chest and *saw* it rise and fall. Finally, I was only aware of the cool feeling produced on the tip of my nose by the passage in of the air, and then complete oblivion, lasting, however, only half a minute. I had my watch in my lap and noted the time from my last recollection to my first awakening, for, of course, the handkerchief containing the ether fell from my hand during unconsciousness, and destroyed the continuous effect of the anæsthetic.

Third.—Ether mixed with *much atmospheric air* can be inhaled for hours without producing unconsciousness—sufficient for the quiet performance of a delicate surgical operation. Although sensibility to pain may be abolished during the whole time, yet reflex movements will occur on the application of a sharp stimulus.

Fourth.—That ether almost *undiluted* with air, after the few free respirations, produces anæsthesia and *mental unconsciousness* with complete muscular relaxation, amply sufficient for the uninterrupted performance of any capital operation.

Fifth.—That the condition above-mentioned, being once produced, can be easily maintained for hours by slight additions of ether diluted with air.

Sixth.—That ether *increases* the blood-pressure, and that it enfeebles the pulse only after long-continued and excessive administration. That it gradually produces an increasing slowness and shallowness of respiration, and that in my opinion it kills only in this way, and that if the heart should become enfeebled it is a secondary result of the pulmonary lethargy.

In conclusion, I would say that I have seen great benefit result from the moderate inhalation of ether where cavities existed in the lung; that I have given it to patients afflicted with nearly every form of disease, without having occasion to be dissatisfied with its action as an anæsthetic or alarmed at its operation as a narcotic. I believe that the trouble in producing anæsthesia with ether, complained of by surgeons, is due to the fact that they are afraid to administer it *undi-*

luted with air. I always use Lente's improved inhaler—an impervious brass nose-piece with rubber stuffing on the edge to make it airtight. I have always given ether *undiluted*, with the exception of a few inhalations at first to accustom the air-passages to the vapor. Given in this way, I believe it is perfectly safe and efficient. The fearful mortality of chloroform speaks for itself in the report of the eminent men referred to above, and it would be needless for me to discuss the question. Ethidene is only spoken of as *less* dangerous than chloroform; but why use an anæsthetic that is dangerous *at all*, when ether is as safe as anything of the kind can ever be, solely for the purpose of saving a few minutes' time? Chloroform is tricky and uncertain. Ether can only kill, in my opinion, by stopping the respiration, which can be easily watched and the administration controlled to suit any emergency. The few deaths recorded against ether represent so small a percentage as to be almost infinitesimal, while you cannot read a journal without noting one or more deaths from chloroform.

The Etiology of Vertigo.—At a meeting of the Medico-Chirurgical Society of Edinburgh, in January, Mr. McBride read a paper on the etiology of vertigo, of which the following is an abstract; In relation to this subject the theory was advanced that a nerve impulse striking the brain may, according to its intensity, involve a large or small central area. For instance, the pain caused by a carious tooth might be confined to those fibres of the fifth nerve corresponding to the tooth, or the impulse communicated along these fibrils might overflow and involve the central termination of other fibrils, and even other nerves, producing earache, faceache, and mastodynia. It was, therefore, urged that nerve impulse communicated along any one nerve may overflow and involve other brain area. Shock was considered to be an overflow of nerve impulse so powerful as to involve centres necessary for life. It was argued that vertigo is a definite sensation, and that for any sensation to be experienced a definite encephalic tract must become active. From experiments on animals, the effects of rotation in the human subject, and the phenomena of Meniere's disease, it is known that stimulation of the nerves of the semicircular canals produces vertigo, and that therefore their central terminations must be in close relation with a vertiginous centre, which may (at least physiologically) be assumed to exist. We know, further, that irritation of the canals, if severe, is apt to cause vomiting, syncope, nystagmus, and other phenomena. It is therefore probable that nerve impulse communicated to the vertiginous centre tends to overflow and involve other centres (*e. g.*, the vomiting, cardiac, inhibitory, and oculo-motor centres.) Probably all of these centres are in physiological relation (the central termination of the nerves of the semicircular canals, the vomiting, and the oculo-motor, as also the cardiac inhibitory); therefore impulses communicated to one tend to overflow to the others. In some persons it is justifiable to assume that a nerve impulse tends to overflow more readily on account of unstable equilibrium of the nerve centres, or perhaps of particular nerve centres. Nerve impulse also seems to spread in a definite physiological direction, as seen in the constant results of accidental or experimental lesions of the semi-

circular canals in man and the lower animals. Possibly this line of argument may be applied to the so-called explosive neuroses. If it be once admitted that vertigo may be produced by impulse applied to the oculo-motor centre, we have here an explanation of those cases where vertiginous phenomena are produced in animals after section of both auditory nerves. Vertigo may originate from causes (1) visceral (2) ocular, (3) aural, as well as central (epilepsy, etc.) and general (anæmia, etc.) causes, as also through nerves of common sensation (pain). The general conclusions arrived at were—

1. That there is a cerebral area or tract, stimulation of which produces vertigo.

2. That this area may be stimulated by impressions ocular, auditory, sensory, or visceral, as well as central changes, and is in intimate physiological relation with the vomiting and oculo-motor centres. That is to say, impressions conveyed to one of those centres tend to involve the others by overflow of nerve energy.

3. The excessive stimulation of the vertiginous area will produce an overflow of nerve impulse to various motor centres, and probably unconsciousness.

4. That inasmuch as the phenomena of its excessive stimulation (as in rotated men or animals, Meniere's disease, etc.,) are represented by a different train of symptoms, we may infer that overflow of nerve impulse usually proceeds in the same direction—in other words, involves the same centres—first those which are intimately connected with it, then those more remote.

5. That possibly the same process of reasoning may be applied to death from shock, epileptic attacks, convulsions, and some of the other so-called explosive neuroses.

6. That in typical cases, ocular, stomach, and auditory vertigo may be distinguished from one another by the centre first involved. Thus we should expect that stomach vertigo would be preceded by nausea, if not vomiting; that ocular vertigo would be caused by changes in the motor apparatus of the eyeball, but that in auditory vertigo the giddiness is the first and may be the only symptom.

7. The sea-sickness is probably generally due to stomach irritation, for here, as a rule, we have first vomiting, and afterwards vertigo, which is, however, by no means a constant accompaniment.—*Medical and Surgical Reporter.*

Treatment of Indigestion and Heartburn.—In the course of an article in the *Practitioner*, January, 1881, Dr. J. Milner Fothergill writes:

For the purpose of whetting the appetite and thus acting reflexly upon the gastric secretion, we employ the class of agents known as bitters. To these we add hydrochloric acid. Ringer has pointed out how an alkali taken into the stomach before a meal, when the stomach is alkaline, produces a freer flow of acid afterwards. Consequently we comprehend the value of that well known preparation indifferently termed, "Haust. Stomach," or "Mist. Mirabilis," or "Mist. Rhei et Gentian," in the various hospitals; a combination of world-wide fame. One drawback to this combination of rhubarb, gentian and soda is, that the student becomes familiar with it and its virtues, but remains

ignorant of its exact composition, and so loses sight of it when he enters upon practice for himself. Such a mixture before meals, followed by ten drops of hydrochloric acid after the meal, will often make the difference betwixt imperfect digestion, producing discomfort, and digestion so perfect that it does not provoke consciousness. Or where there is much irritability in the stomach, *i. e.* when a bare, red tongue imperfectly covered with epithelium suggests a like condition of the internal coat of the stomach, then bismuth is most soothing. The mixture of soda, bismuth, and calcimba is in use for such indigestion with good results. The dietary in such a case should consist of the blandest food, milk, with or without baked flour in it, beef tea with baked flour; nothing more till an improved condition of the tongue tells of a more normal condition of the stomach. In such cases a plain opium pill at bedtime often soothes the stomach very nicely. Then there are cases where imperfect digestion is accompanied by the production of fatty acids, butyric and others, which add the phenomenon of "heartburn" to the symptoms; or there may be later products formed which cause the bitter, hot taste in the mouth on awakening in the morning or after a post-prandial nap. It is usual to treat "heartburn" by the exhibition of an alkali; but this is not good practice. In union with an alkali the offending matter is nearly as objectionable as in the form of free acid. It is much better to give a mineral acid, as the hydrochloric, or phosphoric, which breaks up the feeble organic acid. By such means we can aid the digestive act. Then at other times the indigestion is due to lithiases, where the presence of uric acid impairs the efficiency of the gastric juice. In these cases all measures which do not entertain the causal relations of dyspepsia are of little use. By the administration of potash in a bitter infusion, well diluted, taken half an hour before a meal, this element of trouble is removed. In all cases of gouty persons suffering from dyspepsia, do not forget this cause of impairment of the gastric juice.—*Medical and Surgical Reporter.*

The Tongue as a Diagnostic Point in Diseases.—From an extended observation I have deduced several important deductions from the appearance of the tongue which have been specially valuable as a diagnostic point in various phases of disease.

The (saburra) or fur of the tongue should be specially observed.

FIRST.—A heavy coated tongue, especially at its base, with a deep yellow coat, the liver is the cause, still tobacco chewers may have that and the liver be sound. I have noticed in several instances jaundice with a white coated tongue.

SECOND.—The pinched and shrunken tongue shows atony of the digestive tract as found in dyspeptic troubles.

The elongated tongue shows irritated condition with determination of blood to the stomach and intestines.

It will also exist in excitation of the nervous system.

It is specially found in children. In these conditions irritant cathartics *do* harm.

THIRD.—The dry tongue has several very important considerations as indicating in febrile conditions, much danger which demands close attention. Food must be taken in such cases in fluid form, bearing in

mind that it always must be above the temperature of 100° , of a nutritious character, which may easily be assimilated. Dryness may be found in vascular excitement, more particularly associated in excitation of the ganglionic and nervous system. Hence the indications for sedatives for the vascular excitement, and diaphoretics for contraction and excitement of the nervous system, together with other proper medication. When the tongue changes from the dryness to a brown or black color, with sordes about the teeth, it means that the blood is in a specific condition—and not, as commonly supposed, due to a typhoid condition. Hence, a marked improvement always follows from the best antiseptics with stimulants and tonics.—*Dr. Fox, in Indiana Medical Reporter.*

A Case of Phlyctenular Conjunctivitis.—Dr. W. W. Seely said: The case I now present represents a class of frequent applicants at the dispensary.

You can usually tell them at a glance, for the child comes in with its eyes closed and head down, shunning the light as much as possible. When I lay its head between the knees, I find one or two well-marked phlyctenulæ quite near the sclero corneal junction. These phlyctenulæ are (usually) small vesicles, in the beginning, filled with fluid containing many little cells. Shortly the epithelium covering the vesicle becomes shed, and we have a veritable little ulcer, exposing branches of the sensitive nerve; and this irritation extends to the nerves supplying the orbicular muscle of the lids, producing the blepharo spasm.

Very often, as an accompanying phenomenon, we have more or less catarrhal conjunctivitis. These phlyctenulæ may be quite numerous or occur singly, be situated some distance from the cornea, just on the limbus, or rest, like a saddle, partly on the conjunctiva partly on the cornea, with a marked tendency to extend upon the latter.

For phlyctenulæ, not involving the cornea to any extent, the local treatment usually suffices for relief, and is extremely simple.

It is never necessary to use, what is so often recommended, viz: atropia; since you will find that it often adds to the irritability of the eye.

We formerly were in the habit of waiting till the irritation had subsided somewhat before beginning the local treatment, simply because the remedies used were in themselves irritating.

This case presents vesicles not yet ruptured, though you see I apply yellow oxide in vaseline (5 grains to the half ounce) and assure you that to-morrow when the child is brought here it will present a vastly different aspect.

You will find that this remedy can be used right from the beginning, and is altogether the best one and the only one needed so long as the cornea is not involved. If there were many sores about the face, nose or mouth, we would simply use an ointment of vaseline and boracic acid, as you have often seen, it being a perfectly bland application and thoroughly efficient.

I will say in regard to the yellow oxide in these cases, that it has always been used in too strong preparations and in a vehicle that of itself is irritating. The strength I recommend is quite enough. If you are inclined to use an eye-water, let it by all means be eserine in-

stead of atropine, and procure the salicylate of eserine if possible, preparing a little at a time, so that it shall be fresh, *i. e.*, free from sources of irritation.

Your constitutional remedies, as I have said, must depend upon the general state of the child, *i. e.*, whether it is in such a condition as to need internal medication on general principles, when of course your cod liver oil, quinine, and iodide of iron can be given.—*Cincinnati Clinic*.

Almost a Specific for Catarrh of the Nasal Passage.—Dr. H. A. Eberle, of Webster City, Iowa, in *American Medical Journal*, says: In this State, where catarrh is so prevalent amongst the people, any remedy that would perform a cure would be hailed with the greatest delight. Iodoform, as a remedy for chronic ulcers, was used quite extensively in the Montreal general hospital in 1872 to 1876, with such good results as to warrant its trial in private practice. Since that time I have made use of it in very many ways, in the treatment of piles, fissures, granular ulceration of the uterus, etc., and always with gratifying results.

In view of its healing properties, I was led to adopt the remedy for the treatment of catarrh, and as I had been a sufferer from the disease in a chronic form for many years, and had used many preparations with varying success and little benefit, I concluded to make use of it in the following manner: First, an ointment is made thus:

R	Iodoform, finely powdered.....	grs. lx.
	Ext. geranium, solid.....	grs. x.
	Acid. carbolic.....	gtt. xv.
	Vaseline.....	qs. ʒ i

Mix.

Secondly, bougies are made of absorbent cotton saturated with the above ointment and simply introduced up the nasal passages as far as necessary at bedtime. These are left in all night and are easily removed in the morning by blowing the nose.

This is repeated for a week or ten days, when the most obstinate case of catarrh will yield to the treatment. Scarcely any other treatment is necessary, except the occasional use of the posterior nasal douche with some cleansing fluid. I usually employ a weak, tepid solution of chloride of sodium before introducing the "iodoformized cotton" tent.

Sulphate of Hyoscyamin as a Mydriatic.—Dr. Risley, in the *Philadelphia Medical Times*, gives the results of experiments made with the sulphate of hyoscyamin as a mydriatic. From his report of eight cases in which a solution of gr. ii. to the ounce was used, we learn that the above is a powerful mydriatic, which in its rapidity of action over the iris and ciliary muscle and in the duration of its control is more like duboisin than like atropin. Accommodation usually returns in about 100 hours; when used in the given strength there is little danger of annoyance from constitutional impression, only one case out of eight, a lady, having complained of vertigo, which quite disappeared in an hour and a half.—*Monthly Review*.

Iodine Treatment of Diphtheria.—Dr. H. P. Gauthier communicates the following cases of diphtheria treated with iodine in the practice of Prof. Jay Owens, of St. Paul, Minnesota :

A woman was taken with sore throat, chilly sensations, difficulty in swallowing, and fever, together with patches on the left tonsil. At 5 p. m. the same day ten-drop doses of Lugol's solution of iodine were ordered every hour. The patient's pulse at this time was 127 and had a temperature of $104\frac{1}{2}^{\circ}$ F. At 1 p. m. the following day she could swallow without difficulty, the patches had almost disappeared from her tonsils, her pulse was 106 and her temperature $101\frac{1}{2}^{\circ}$ F. She was up and about in two days more.

Case II. Male, aged twenty-six, had at 5 p. m., when seen, a pulse of 133 and a temperature of $103\frac{3}{4}^{\circ}$ F. There was a diphtheritic patch on each tonsil, and the patient was extremely weak. Ten-drop doses of Lugol's solution were ordered every hour in water. At 1 p. m. the day following the patch on one tonsil had disappeared, the other was disappearing ; the patient had a pulse of 79, and a temperature of 100° F. In three days he was able to engage in his usual avocations. While it is possible that elements of error may exist in cases observed by a single physician, these can scarcely be expected to occur in the results of two observers, so that from these cases of Dr. Owens, added to those of Dr. Gauthier, it would appear that iodine exercises considerable influence over diphtheria, but the cases are still too few to express a decided opinion on.—*Chicago Medical Review*.

Alstonia Constricta.—The bark of the *Alstonia constricta*, or Australian fever-tree, has been known as a pharmaceutical curiosity—at least, since 1863, when Palm separated from it a bitter principle which he called alstonin.

Dr. Bixby, in *American Medical Journal*, has used the drug largely during eighteen months, and has prescribed it in thousands of cases. He finds that its action resembles in many respects the combined action of quinine and *nux vomica*. It is an antiperiodic of the highest type, better, in his opinion, than quinine or cinchonidine. It is a cerebro-spinal stimulant and tonic, acts positively upon the great sympathetic nerve-centres, and consequently increases, positively and permanently, the vital forces of the entire system. A proper sedative should be given before the use of the bark is begun.

In general nervous depression it acts like a charm ; in typhoid, puerperal and other fevers, in recent colds and rheumatism, it has produced good results.

Trichina Spiralis.—Foreign nations have gotten up a big scare on this subject. Importation of this article from the United States is now forbidden by France, Russia, Germany, Italy, Spain, Greece, and Portugal. The consequent injury to American trade from these restrictions is, of course, very great. We export annually about eighty million pounds of pork to France. The amount sent to England is twelve times as great, and the total value of all the meat thus sent out from this country is estimated to be about one hundred million dollars annually.—*N. Y. Med. Rec.*

Potassium Bromide in Infantile Diarrhœas. — Dr. F. Charles Lawrence, of Texas, says, in Cincinnati Clinic: During the summer months of 1879, while residing in one of the towns of the Rock River Valley in Illinois, I was daily called to prescribe for children suffering from the various forms of diarrhœa. Many of these cases were the diarrhœa of dentition, in which a predominating morbid element was hyperæsthesia of the nervous system. I gave the bromide in doses of $\frac{1}{2}$ to 2 grains, according to the age of the patient, and generally with intervals of two hours between doses. In 20 cases of this kind, diarrhœa and vomiting ceased after the administration of a few doses, the little patients falling into a quiet sleep. In seven of these cases, I found considerable swelling of the gums, which I ordered rubbed several times daily with potassium bromide, gr. xxx, to glycerine and water aa ʒij. This comprised the entire treatment of the cases, and the results were to me very gratifying.

In another group of cases, children from 3 to 7 years of age, depending upon acidity of *prima viæ*, with stools more or less mingled with blood, and vomiting often present, the bromide in $1\frac{1}{2}$ to 3 grain doses, with proper hygienic measures, gave good results, only about one case out of seven requiring any astringents or opiates.

Ovariectomy.—Ovariectomy, first successfully performed in this country, and subsequently styled by Piorry "une audace Americaine," has remained pre-eminently an Anglo-American procedure. The names which stand foremost in the list of surgeons who, since McDowell, have helped to establish the operation, are those of Spencer Wells, Clay, Baker Brown, Keith, Thornton, in Great Britain; of Atlee, Peaslee, Kimball, in the United States; of Pean and Koeberle, on the continent of Europe. But to no one more than to Spencer Wells belongs the honor of having raised ovariectomy, and with it abdominal surgery, to its present secure position, and of having taught the surgical world the best methods for its successful performance.

A few figures will suffice to show the great degree of success now attainable by means of this operation, in experienced hands. Spencer Wells, only a few weeks ago, communicated to the Royal Medical and Chirurgical Society of London, a paper which summarized the results of his last 200 cases, completing a series of 1000 ovariectomies performed by him from first to last. Among the 1000 patients 231 had died and 769 had recovered, the mortality, however, having steadily diminished from 34 in the first 100 to 11 in the last. The last 112 cases took place in private practice, and were all done antiseptically, the result being a mortality of 10.6 per cent.—*Boston Med. Jour.*

Artificial Vaccine.—Mr. J. Lawrence Hamilton, of London, proposes to supply an abundant supply of artificial vaccine lymph, produced outside the body of living man or living animal, by isolating and then breeding the vaccine organisms in suitable germ nutritive solutions which have been previously deprived of all septic and other noxious germs. The special precautions which Mr. Hamilton considers necessary to secure success in breeding the artificial vaccine lymph, as well as the results therewith inoculating men and animals, will be published at a future date.—*Boston Med. Jour.*

On the Abortive and Curative Treatment of Small-Pox.—

"On the 16th of January, 1880," says Dr. Bouyer, of St. Pierre de Fursac, in the *Bull. de Therapeutique*, December 25th, "I addressed to the Academy of Medicine the following letter: 'I have the honor to forward to the Academy a sealed packet containing a formula for what I believe to be the curative and abortive treatment of small-pox, and which I have found very successful in six cases. When I have tried the treatment in a greater number of cases, I shall lay before the Academy the results of my investigation.'"

On the 16th of March, Dr. Bouyer had had fifteen cases, all confirming the efficacy of the remedy, and shortly afterwards he was pleased to make it known. The following is the formula recommended—

R Alcohol	10-15 grams (2½-4 3)	
Salicylic acid.....	1 gram (15 grs.)	
Simple syrup.....	20 grams (5 3.)	
Water.....	50 grams (2 3.)	M.

Of this a tablespoonful should be taken every six hours, if the case is seen early, and every four hours if the disease is well advanced before the treatment is begun. Dr. Bouyer finds that under this treatment commenced early, the eruption is discrete, or if confluent, the pustules are of small size, and contain little pus. They contract between the sixth and eighth day, leaving light furfuraceous crusts, which fall off in a few days without leaving either cicatrices or stigmata. The fever of suppuration is always greatly diminished.—*Med. and Surg. Reporter*.

The Treatment of Nævus.—Dr. Richard Bligh says, (in *British Medical Journal*): I am perfectly certain that the ligature is very rarely necessary, and that a very old remedy, the liquor plumbi subacetatis, is far more to be relied on than anything else for destroying nævi of various kinds. I have always found that, after it has been applied regularly for about four months, once a day (if used oftener it will give rise to ulceration), the nævus becomes dotted over with white spots, which gradually coalesce till the nævus disappears. This it will do, without fail, in the course of one or even two years according to size. I had an illustrative case about three years since. A child about four years old had a nævus on the temple about the size of a two-shilling piece, with two or three smaller ones adjoining. It was daily becoming larger and more prominent. The liquor plumbi soon stopped its growth; in a few months, there was a very visible improvement, and for some time now all traces of it have disappeared.—*Indiana Medical Reporter*.

Antiseptic Treatment of Carbuncle.—Dr. Schueller lays open the carbuncle in the ordinary manner by a crucial incision, and then, by means of the sharp spoon, thoroughly scrapes away the diseased connective tissue underneath the flaps. After complete disinfection, an antiseptic dressing is applied and drainage established. Recovery usually follows in a few days.—*Inter. Jour. of Med. and Surgery*.

Tripolith a Substitute for Plaster of Paris.—Prof. von Langenbeck (*Medical Times and Gazette*) describes a new material for fixative dressings. Its name suggests its properties of hardness and resistance. It was discovered by Mr. B. von Schenke, of Heidelberg. Originally, it was intended for stucco and decorative purposes, for which it was said to be superior to plaster of Paris. While its mode of manufacture is not known, its chief constituents are calcium and silica, with a little of iron oxide. Tripolith bandages are employed in the same manner as those of plaster of Paris. Its advantages are: (1) Tripolith appears to absorb moisture from the atmosphere less freely than plaster, and its power of setting is not lost even after long exposure to the atmosphere. (2) Tripolith bandages are lighter, and therefore pleasanter to the patient—about 14 per cent. lighter. (3) Tripolith dressings harden more quickly than plaster. While a bandage made with the best plaster requires ten to fifteen minutes before it is quite set—and in wet weather remains soft for hours—tripolith sets completely in three to five minutes. On the other hand it gives off vapor for many hours, and even after twenty-four feels moist to the touch. (4) Once hard and dry, tripolith absorbs no more moisture. A piece of dried tripolith dressing undergoes no change when laid in water. It would be possible, therefore, to allow a patient to bathe in his tripolith dressing, provided means were taken to prevent the water getting up inside it by means of an India rubber covering; while as regards plaster, it is necessary to paint it with damar varnish in order to make it water-proof. (5) Tripolith is a trifle cheaper than plaster of paris.—*Detroit Lancet*.

A New Narcotic—Pitchoury Bidgery.—Pharmacologists are becoming interested in a new narcotic which has hitherto been known only to the natives of Queensland, by whom it is termed "Pitchoury Bidgery." The plant belongs to the natural order of Solanaceæ, and is indigenous to South Australia. It grows to the height of three or four inches, and bears wax colored flowers with roseate, bell-shaped spots. In the month of August, while the plant is in bloom, the leaves are gathered, dried with steam heat and sent in sacks to market. They are then pressed, similar to plug chewing tobacco, and on being chewed produce a feeling of complete indifference to physical pain or fatigue. In small doses they possess stimulative action; when used moderately they allay hunger and thirst, so that like coca leaves they lessen tissue waste and may be used as an aid to enable persons in enduring excessive exposure or fatigue, there being but a small or limited amount of food taken.—*Monthly Review of Pharmacy*.

Despotism in Lunatic Asylums is the title of an article by Mr. Dorman B. Eaton, in the *North American Review* for March. He characterizes the American system of asylum management as follows: "A deceptive and vicious system, adroitly and ably administered, has lulled and misled public opinion; screening abuses by secrecy, shutting out light by arbitrary methods, defying exposure and change by the exercise of a despotic authority which ought never to have been conferred upon the managers of asylums." He suggests remedies for these abuses, drawn from a study of asylum management in Europe.—*N. Y. Med. Rec.*

Diphtheria.—Dr. Knox (in *Peoria Medical Monthly*,) says: Clinical experience proves that diphtheria begins either as a *local* or *general* disease. As a local disease, it originates in the fauces and disappears without systemic contamination, or if blood poisoning occur, it is from the local affection.

As a general disease, blood contamination exists before the formation of the pseudo-membrane, and before much faucial inflammation occurs.

Diphtheria also occurs as a secondary affection, especially engrafting itself upon scarlet fever and measles.

The blood poisoning leaves an anæmia from which recovery is slow. Not only is there deficiency of the red corpuscle, but the vital current seems vitiated. Another sequela is paralysis, which usually occurs fourteen or eighteen days after the subsidence of the disease. The most frequent is paralysis of the muscles of the pharynx, next of the extremities; last of the trunk, muscles of respiration and heart. The former generally disappears in from one to four months, the latter are fatal.

The Organisms in Abdominal Typhus.—Eberth examined the affected intestines, mesenteric glands, liver and other organs, in twenty-three cases of ileo typhus for micro-organisms, but specially preparations in alcohol. The sections were treated with acetic acid. In twelve cases, between the eleventh and thirteenth day of sickness, numerous conglomerated heaps of bacillii were discovered. The isolated staffs were four times longer than broad, about one-half as long as the diameter of the red blood-corpuscles, they were rounded threads and the contours were pale. In the second and third week they were most numerous. They are distinguished from the bacillii (from decomposition) occurring in the typhus ulcers, by their more delicate contours, and by their assuming a more intense color when treated with methyl violet and Bismarck brown.

It is very probable, therefore, that these staffs may be considered as typical typhus bacillii.

In eleven cases, between the thirteenth and fifty-sixth day of sickness, these staffs were not found.—C. J. Eberth, Zerich, Virchow's Archiv. Bd. lxxxi, p. 58.—*Clinical Record*.

Ergot.—Dr. Keating—*Med. Record*—"records a case wherein a patient was poisoned by half an ounce of fluid extract of ergot, in divided doses. He says: Ergot is a powerful and dangerous drug."

At a recent meeting of the Academie des Sciences, M. Boirsarie read an article on the inconvenience and dangers of ergotin, "when given in *continuous doses* for a considerable period, *even when these are small*, ergotine accumulates in the economy, and may suddenly give rise to ergotism. He gave, also, the history of a case of *spontaneous gangrene of the lungs from ergotism*."—*Phil. Med. Times and Therap. Gazette*.

Dr. Wm. Commons—"Ergot, its uses and abuses," says: When given in larger doses Ergot may cause death by spasmodic contraction of the heart, from its specific action upon muscular structure."—*Indiana Medical Reporter*.

Hemorrhoids.—Dr. Blackwood (Trans. Amer. Med. Ass.) says: During the last twenty years my experience has been large, and my deductions are based entirely upon practical results, not upon theory. I am convinced that the subject does not receive the attention it deserves, and with a desire to attract more attention to it, and to summarize in closing, the following points are suggested:—

1. Hemorrhoids may be arrested by proper attention to diet, and to a normal daily evacuation of the bowel.
2. Hemorrhoids, being present, may be generally kept in check, frequently greatly relieved, and sometimes cured entirely, by the means used to prevent them.
3. Hemorrhoids becoming troublesome, despite medical treatment, should be removed surgically without delay.
4. Hemorrhoids may be quickly, surely, and safely removed by the preferable operation of injection by carbolic acid.

A Powerful Antiseptic.—The president of Pharmaceutical Society, of Liverpool, exhibited last week a sample of eugenol, which had been placed in his hands on the previous day. He said it had recently been noticed as a very energetic antiseptic, and it was also said to be a remedy for toothache. Both these properties could be readily understood, as oil of cloves, from which it was obtained, as well as oil of peppermint, had long been used to prevent ink, starch, paste, etc., from becoming mouldy. The oils had also been long regarded as remedies for toothache. It was also known as eugenic or carpopyllic acid, having a formula $C_{10}H_{12}O_2$ and forming salts with bases. He said, it would be interesting to determine its rotatory power as compared with oil of cloves, which he would do before the next meeting.—*British Medical Journal*.

Notes on the Treatment of Diphtheria—In 150 patients suffering with diphtheria, v. C. has lost no case since he has used liq. ferri sesquichlor. locally and internally. Mixed with equal quantities of water, it is painted (a pencil of lint) over the bleeding mucous membrane subsequent to the removal of the pseudo-membranes. Injections of a weaker solution, 1:3 aq., are made into the nostrils; internally, the proportion of 10 to 20 drops in 200 of water; a teaspoonful every fifteen minutes. This treatment is continued until no membranes show themselves. It seems as if the most of C.'s patients had passed the age of childhood (42 cases from the school of cavalry in St. Petersburg). He has treated no children under two years of age.—A. v. Collan, St. Petersburg *Med. Wochenschrift*, 1880.—*Clinical Record*.

Delirium in Acute Rheumatism from Salicylate of Soda.—In four cases recently reported in British Medical Journal of January 29, salicylate of soda was administered in twenty-grain doses every three hours, with the apparent result of producing delirium. The delirium was of depressing type, and the idea of persecution entered into it in most of the cases. The delirium promptly disappeared on the salicylate being stopped.—*Ibid*.

A New Method of Inhalation.—Dr. Feldbausch, Straussburg, (*Int. Jour. of Med. and Surg.* Vol. I, No. 2; *Berlin Klin. Wochenschr.*, No. 47, 1880,) has invented a very convenient apparatus for giving permanent inhalation of volatile substances in treating the various affections of the respiratory tract, as well as for a prophylactic against infectious diseases, etc. It consists of a pair of capsules made to fit the anterior nares, and is nearly or quite invisible when introduced. It contains a piece of flannel or blotting paper on the inner surface of each tube, which is saturated with the therapeutic agent. The carbolic inhalation is the doctor's favorite, which he recommends especially in phthisis, (not only as a disinfectant, but to relieve cough,) and in acute catarrhs.—*Detroit Lancet*.

To Terminate the Chloroform Narcosis.—A peculiar device is mentioned by Schirmer in the February number of the *Centralblatt f. Augendeilkunde*. He claims to have used it in his clinic for many years, and often succeeded in producing inspiratory movements when other means failed. He also employed it to induce rapid recovery, for instance in strabismus operations, in order to test the result. The method consists in irritating the nasal mucous membrane. It has long been known, at least to physiologists, that the fifth nerve retains its sensibility longer than any other part in narcosis, and that reflexes may be induced through this nerve when other irritations fail. Schirmer uses simply a rolled piece of paper, which he turns in the nose. In dangerous cases he dips the paper into ammonia.—*Chicago Medical Review*.

The Treatment of Asthma.—I wish to draw attention to a method of treatment of asthma, described by Dr. R. B. Faulkner, in the *New York Medical Record* for September 25th. His plan is to paint a strip of iodine over the course of the pneumogastric nerves in the neck. He gives three cases of pure spasmodic asthma, which were relieved of their attacks by this means, after having resisted every other remedy of which he could think.—*Boston Medical Journal*.

Resection of Rectum.—It is said that Koeberle has recently resected the rectum in four cases of rectal cancer, resulting in recovery without relapse, and in another case where the intestine was strangulated he resected two yards of the intestines and united the edges of the intestine left with a ligature. The operation was followed by recovery in a month.

THE last use of phosphorus is to prevent infant deformities. A lady in England, who had given birth to three children in succession with club feet and other deformities, took phosphorus during her fourth and subsequent gestations, and bore well-fed children.—*Pac. Med. and Surg. Journal*.

THE question has been raised in England, whether when a working man is isolated because of contagious disease in his family, compensation from public funds should be allowed him for the loss of his labor. It is argued that the subject should be referred to a sanitary authority, with power to grant relief in such cases.

SCIENTIFIC ITEMS.

Recent Progress in Photography.—Some two years ago the whole photographic world was startled by the announcement that Mr. C. Bennet could obtain pictures in the camera in but a fraction of the time necessary with any process extant up to that time, and he demonstrated the fact to the satisfaction of every one. The process he used was founded on that of Dr. Maddox, and consisted of bromide of silver in a state of minute subdivision held in suspension in a viscous solution of gelatine. The rapidity was gained by keeping the gelatine containing the suspended matter in a liquid condition for several days.

In the recent photographic exhibition in Pall Mall we saw examples of the rapidity of which the gelatine process is capable. A train going 60 miles an hour was fairly expressed on the photographic plate, there being a sharpness of image which was truly marvelous. The 1-150th part of a second is a short interval of time, yet in such a time the picture was taken. Again, one of the pictorial series of interest of the year was a series of views on the river Thames by Mr. Mayland. The silent highway is sparkling with motion, shipping and steamers at full speed being rendered sharply and clearly—in fact, the idea of motion is conveyed by the foaming tracks and curling waves which they make in their passage.

Drawing-room photography by amateurs now becomes a possibility and a practicability which before it was not, and in one remarkable picture of the year we have a dark interior of a room, and a portrait of a charming model secured on one plate in 25 seconds of time. In the old days such a combination would have been impossible, except by printing from two or more negatives. Mr. H. P. Robinson, whose artistic work is so well known and so greatly admired, has thus scored a success in adapting the process to his peculiar style of pictures. In science, however, the rapid plates have proved of more than yeoman service.

One of the most marvelous feats, however, of photography is the portrayal of the motion of trotting, cantering, and galloping horses by Mr. Muybridge, in America, in which he shows changes in the position of every limb during minute fractions of a second, and this settles certain points which have exercised the minds of certain eminent physiologists.

If we quit the more rapid process and come once more back to the old collodion process, we find that it has also done good service in scientific research. In the Bakerian Lecture of the Royal Society for the past year, Captain Abney has shown how the sensitive compound bromide of silver can be so modified as to cause radiations of very low wave-length to impress themselves on the photographic plate, and in a map he gives the Fraunhofer lines which exist in the solar spectrum far down below the visible red rays of the spectrum. In the prints as usually supplied, the images, which are built up of minute particles of silver, gradually fade and become worthless.—*London Times*.

Man in America.—Prof. Flower, in a recent lecture on the "Anatomy of Man," before the Royal College of Surgeons, London, discussed at some length the question of his origin on the American continent. Till recently, opinions on the early peopling of America had been divided between the views that the inhabitants of this continent were a distinct indigenous people, and therefore not related to those of any other land; and that they were descended from an Asiatic people who, in comparatively recent times, passed into America by the way of Behring Strait, and thence spread gradually over the whole continent.

These theories have had to undergo considerable modifications, in consequence of the discovery of the great antiquity of the human race in America, as well as in the Old World. The proof of this antiquity rests upon the high and independent state of civilization which had been attained by the Mexicans and Peruvians at the time of the Spanish conquest, and the evidence that that civilization had been preceded by several other stages of culture, following in succession through a great stretch of time.

The antiquity of this quasi-historical period is, however, entirely thrown into the shade by the evidence now accumulating from various parts of North and South America, that man existed on the Western Continent, and under much the same conditions of life, using precisely similar weapons and tools, as in Europe during the Pleistocene or Quarternary period, and even perhaps farther back in time. Recent paleontological investigations show that an immense number of forms of terrestrial animals, that were formerly supposed to be peculiar to the Old World, are abundant in the New.

Taking all circumstances into consideration, it is quite as likely that Asiatic man may have been derived from America as the reverse, or both may have had their source in a common center, in some region of the earth now covered with sea.—*Pop. Science Monthly.*

Germes of Disease in Water.—Prof. Huxley, in a recent discussion of a paper by Dr. Tidy on water for dietetic purposes, said that diseases caused by what people not wisely call germs are produced invariably by bodies of the nature of bacteria. These bodies could be cultivated through twenty or thirty generations, and then, when given under the requisite conditions, would invariably cause their characteristic disease.

They can be sown and will thrive in Pasteur's solution, just as cress or mustard in the soil; and, if a drop of this solution were placed in a gallon of water, Prof. Roscoe thinks it doubtful if there is any known method by which its constituents could be estimated. One drop of it would be capable of exciting a putrefactive fermentation in any substance capable of undergoing that fermentation. The human body may be considered as such a substance, and we may conceive of a water containing such organisms which may be as pure as can be as regards chemical analysis, and yet be, as regards the human body, as deadly as prussic acid.

This is a terrible conclusion, but it is true.—*Pop. Science Monthly.*

PRACTICAL NOTES AND FORMULÆ.

Raw Meat Juice in Cases of Inanition from Irritable Stomach.—Dr. Hendree, of Alabama, writes: "A month since I was called by a school teacher, living eight miles distant, to visit his child eighteen months old, which was in a deplorable state of emaciation from a diarrhoea of three weeks duration. This was, in a measure, checked, but the irritation had extended to the stomach, and no nourishment, not even a teaspoonful of water could be retained. Enemata of beef tea and milk had been unsuccessful, and the father stated that unless soon relieved his child would starve to death.

An impending obstetrical case prevented me from leaving home, and knowing that Valentine's raw meat juice had been successfully used in a number of hospitals, I gave him a bottle with explicit directions, promising to go next day if desired.

Heard nothing farther, until a month later I was called by Mr. Young to his little girl of three years, dreadfully burnt by her clothes taking fire in the absence of the mother, the previous day. The father stated in a note that the child called constantly for drink and nourishment but could retain nothing whatever.

"I found an excoriating burn from the knees to the chin, including thighs, genitals, abdomen, entire front of throat, arms, hands, not neck and chin; all denuded of cuticle; the pulse indicated much depression and, after soothing dressing I left a bottle of meat juice which was retained and relished from the first.

At a second visit, some days later, I found the child recovering, and as the family of the patient first alluded to lived on the next farm, I called on my way home. The mother brought the child out perfectly well, running about, and stated that the meat essence was the first thing retained; had all been used, and she believed had saved the child's life."

For the Anemia of Chlorosis.—

R Ferri vini amari..... 3 vijss.
Tinct. nucis vomice..... 3 ij.
Liq. potass. arsenit..... 3 ij.

M. Sig. A dessertspoonful in a glassful of water just after each meal.—*Prof. T. Gaillard Thomas, M. D.*

In addition to this Dr. Thomas (regarding the indications as to remove the cause, cure the neurosis and repair the damages), advises general tonic treatment and the observance of good hygiene.—*Medical Gazette.*

Simple Continued Fever.

R Acid. hydrobrom..... 3 j.
Syr. simplicis..... 3 ij.
Aq 3 j.

M. Sig. Every hour.—*Fothergill.*

Dr. Fothergill, in speaking of the above formula, says it will probably constitute *par excellence* the fever mixture of the future. It is especially indicated where there is cerebral disturbance.—*Ibid.*

Sore Nipples.—

R Aquæ rosæ,
 Glycerine..... aa ʒ ij.
 Acidi tannici..... ʒ ij.
 Ft. lotion.

Sig. Soak lint in this solution and apply to nipples.—*Dr. Baker.*

If the ulcerative process has commenced, it is advisable to stop nursing and paint the nipple with a solution of nitrate of silver, 10 grs. to the ounce of distilled water.—*Ibid.*

In the Pruritus of Pregnancy.—

R Thymol..... gr. xv.
 Vaseline..... gr. xxx.
 Powdered brick clay..... ʒ ij.

Dissolve the thymol in the vaseline and rub it up with the clay.—*Professor Montrose A. Pallen, M. D.*

This is to be applied to the pruritic parts, washed off every day or two and re-applied.

Dr. Pallen's experience has been, that excepting those cases depending on trophic nervic causes, this prescription will always effect a cure. He advises its use also in herpes and similar eruptions accompanying later months of gestation.—*Ibid.*

Cystitis.—

R Acidi benzoici,
 Sodii biboratis,..... aa gr. x.
 Inf. buchu..... ʒ ij.

This amount three or four times a day.—*A. F. C. Skene, M. D.*

This may almost be called a specific in its influence in the earlier stages of cystitis, affording rapid and lasting relief. The diet should be carefully regulated, and the skin and bowels kept in active condition.—*Ibid.*

Remedy for Frost-Bite.—Nordenskjöld used upon his Arctic expedition an ointment prepared as follows :

Corrosive Sublimate..... 1 gramme.
 Castor Oil..... 40 drops.
 Oil Turpentine..... 60 drops.
 Collodion..... 40 grammes..

—*Pharm. Zeitung fur Russland.*

Antidote for Carbolic Acid.—Sulphuric acid in moderate doses is recommended by Dr. Stanfleben, of Russia, as an antidote for carbolic acid. The two acids are said to combine, and to form a non-poisonous compound. According to the Medical Herald, of Louisville, Ky., it is to be given in simple syrup and the syrup of gum-arabic. Success depends upon its early administration.—*Chicago Medical Review.*

Remedies for Spermatorrhœa.—Tincture of gelseminum (green-root) in doses of thirty drops, 3 times a day, has an excellent effect in checking nocturnal emissions.

R Sulphate zinc,
Pulv. rhubarb,
Extract hyoscyamus, aa 2 grains,
Extract belladonna, $\frac{1}{2}$ grain.

For one pill. To be taken three times a day until the effects of the belladonna are noted, then twice daily, with :

R Bromide ammonium..... $\frac{3}{4}$ ss
Tinct. lupulin..... $\frac{3}{4}$ j
Camphor water..... $\frac{3}{4}$ ij.

Mix. Tablespoonful at bedtime.

Helonias dioica has proved successful in doses of 10 to 15 grains of the crude root, pulverized, 3 times a day.

Dr. Adolphus considers senecio gracilis one of the best remedies, in dose of half teaspoonful, powdered, in water, 3 times a day. Also speaks well of cannabis indica resin, dose, half a grain three times a day.

A writer in one of the English Journals states that nocturnal emissions occurring in healthy young men not addicted to self-abuse, may be entirely kept in check by drachm doses of tincture sesquichloride of iron.

The following is an old and, in many cases successful formula :

R Gelsemin, 8 grains,
Lupulin, 48 grains.

Mix and divide in 16 powders. Dose one at bedtime.

Aconitine 1-16 grain at bedtime, is said to have cured obstinate cases.

Dr. Mitchell used ergot satisfactorily, giving it in doses of one-half drachm to a drachm daily, of the freshly powdered drug.

In most cases, owing to the relaxed condition of the mouth of the ejaculatory ducts, injections of astringents, as alum, hamamelis, etc., will be of benefit. A suspensory bandage should also be worn, and the following rules observed :

1. Avoid all sources of sexual excitement.
2. Bathe the parts with cold water, 10 minutes night and morning.
3. Evacuate the urine before going to bed.
4. Sleep on a hard bed with light covering, lying on the right side.
5. Arise at the first awakening in the morning.
6. Avoid the use of the stimulants, tea, coffee, tobacco, and medicines or drinks of a diuretic nature.—*New York Medical and Surgical Journal*.

Remedy for Corns.—Mr. Gezow, a Russian apothecary, recommends the following as a "sure" remedy for corns, stating that it proves effective in a short time, and without causing any pain: Salicylic acid, 30 parts; extract of cannabis indica, 5 parts; colloidion, 240 parts. To be applied by means of a camel's hair pencil.—*Phar. Zeit.*

Ipecac in Dyspepsia.—Dr. Fothergill says : Ipecacuanha formed a portion of a good old-fashioned dinner pill ; and betwixt its direct action upon the gastric mucous membrane, and its action upon the liver as an hepatic stimulant, it must come into use again before long. A dinner pill of—

Pul. ipecacuanhæ.....	gr. j.
Strychniæ.....	gr. 1-40.
Pulv. plp. nig.....	gr. ij
Pil. alœ et myrrh.....	gr. ijs.

Every day will often produce excellent effects. Then arsenic may be taken as three drops of Fowler's solution after dinner ; or in the above pill substituting the same dose of arsenic for the strychnine.

Copaiva in Sciatica.—Dr. H. C. Marsh writes to the London Medical Times and Gazette, of copaiva :

I wish to speak of this drug as wonderfully efficacious in sciatica. The treatment of sciatica seems to be a little indefinite. I fancy we all meet with very troublesome instances in which we administer a variety of drugs with a perseverance that deserves, but does not always command success. (After describing a most obstinate case he stated) at last I prescribed

R Bals. copalb.....	ʒ iv.
Tr. lavand.....	ʒ iv.
Tr. hyos.....	ʒ iij.
Pot. bicarb.....	ʒ j.
Mucilag.....	ʒ j.
Aquæ.....	ʒ vj. M.

A tablespoonful every four hours.—*Med. and Surg. Reporter.*

Gleet.—Having hit upon a remedy with which I am having good success in the treatment of this disease, I deem it my duty to place it before the readers of your valuable journal. It is the following :

R Zinci. Sulph. 12 grains,
Tinct. Iodine, 10 drops,
Water 8 ounces.

M. Sig. Inject four times a day.

Also—

R Ext. Uva Ursi fld, 3 ounces,
Ext. Pareira brav. 1 ounce,
Ext. Cascara sag. 2 ounces,
Syr. Orange peel, 2 ounces,
Water q. s. ad 8 ounces.

M. Sig. Teaspoonful three times a day before meals.

I consider this as a valuable remedy in obstinate cases.—*S. L. Blake, M. D., in Medical Brief.*



EDITORIALS AND MISCELLANEOUS.

EDITORIAL NOTICES.

Buffalo Lithia Springs.—We invite attention to the advertisement of the above celebrated Springs in this issue of our Journal.

The International Medical Congress will assemble in London on Wednesday, August 3, 1881. It is supposed that it will be the largest medical body which ever before assembled in the world.

Reed & Carnrick.—See their advertisement in this journal. Their malt combinations are excellent and exceedingly convenient to the practitioner, furnishing a variety adapted to almost every indication.

Liebig & Co.'s Coca Beef Tonic.—See the advertisements of this establishment. We previously alluded to the excellency of their preparations. The enterprising house of J. L. Berz & Co., 60 Maiden Lane, New York, are the sole agents in this country for the sale of these goods.

OFFICERS ELECT OF THE SOUTHERN MEDICAL COLLEGE

At a late meeting of the Faculty Dr. R. C. Word tendered his resignation as Dean of the Southern Medical College upon the ground that its duties in connection with his editorial and professional labors had proven too great a tax upon his health. Whereupon the Faculty passed the following complimentary resolution:

Resolved. That the thanks of the Faculty are due, and are hereby tendered to Dr. R. C. Word, Dean, for his faithful and conscientious management of the office of Dean of the College, and that we give him the plaudit of "Well done good and faithful servant."

The officers of the Faculty in this Institution are elected annually. The following are chosen for the ensuing collegiate year, ending March, 1882, viz:

THOMAS S. POWELL, President.
R. C. WORD, Vice-President.
W. P. NICOLSON, Dean.
J. J. TOON, Treasurer.

THE AMERICAN MEDICAL ASSOCIATION.

This Association meets in Richmond, Virginia, on May 3d, 1881. A full turn-out and a pleasant time is expected. The Senior Editor of this Journal contemplates being present, and anticipates much pleasure and profitable instruction in meeting with the brethren of the profession from all sections of the Union. The following are the delegates appointed to that body by the Georgia Medical Association, to-wit: Drs. Henry Gaither, Thos. S. Powell, H. F. Scott, Thos. R. Wright, J. Thad Johnson, Henry F. Campbell, Wm. F. Holt, J. W. Alfriend, Robert Battey, W. J. Harrell, T. M. McIntosh, J. C. LeHardy, F. A. Sanford, W. B. Wells, A. L. Campbell, K. P. Moore, C. H. Hall, Geo. F. Cooper, W. F. Westmoreland, A. W. Griggs, DeSaussure Ford, Jno. G. Thomas, J. W. Bailey, Thos. Raines, A. G. Whitehead, J. B. Holmes, J. P. Logan, A. C. Goodrich, Chas. W. Hickman, Jno. D. Martin, W. O. Daniel.

BOOK NOTICES.

A MANUAL ON DISEASES OF THE EYE AND EAR, for the Use of Students and Practitioners, by W. F. Mittendorf, M. D., Surgeon to the New York Eye and Ear Infirmary, Ophthalmic Surgeon to Bellevue Hospital out-door department, assistant to the Chair of Ophthalmology and Otology, Bellevue Hospital Medical College. G. P. Putnam & Sons, New York, publishers, 1881.

This book, just received from its author, is a most admirable little treatise, adapted for the use of the student and practitioner, as its title indicates. The author's lectures to his private students, of which the book is made up, somewhat enlarged, were listened to with great interest and profit by the writer when a private pupil of his. Its pages are not cumbered with the treatment and surgical procedure of by-gone days, but contain only such as are in vogue at the present time. While it does not elaborately discuss the etiology and pathology of the diseases of the Eye and Ear, as much of it is given as the ordinary student of medicine or practitioner will care to study.

The painstaking manner in which it discusses treatment will recommend it as a hand-book of treatment to the general practitioner who is often called upon, especially in the country, to treat the minor diseases of the eye and ear. As a rule, the surgical methods are desirable, as they are now practiced in the New York Eye and Ear Infirmary.

This is the first treatise on the eye that describes Hotz' operation for trichiasis. The writer has often seen Dr. Mittendorf perform this little operation and with more satisfactory results than from any other he has ever witnessed for this most obstinate trouble of the upper lid.

About 70 pages are devoted to the Ear, and in the main the plan of St. John Roosa's admirable work is followed, but of course in an abridged form. The recognition of the ordinary diseases of the Eye will be facilitated by the fine illustrations taken from Sichel's Atlas, while diebreich and Wells are drawn on for some most excellent ophthalmoscopic plates of the retina. In addition to these some plates from Politzen, representing the diseased conditions of the drum-head, will be found of great service. As the author well remarks: The importance of the study of the diseases of the Eye and Ear by every student of medicine is shown by the fact that many of the medical colleges, both of Europe and of this country have made the study of these diseases obligatory for graduation; he has, therefore, written this little book for the students' course, and for that purpose it is admirably adapted, because it is short and practical.

ARTHUR G. HOBBS, M. D. Atlanta, Ga.

A MANUAL OF DISEASES OF THE THROAT AND NOSE, By Frank Huntington Bosworth, A. M., M. D.

I have just finished reading this valuable addition to medical literature, and am so much pleased that I shall take the liberty of reviewing it. In the special study of this branch of medicine I have never encountered a book that pleased me more. The style is clear, concise and to the point. While there is no want of modesty, still it is written with that decision that always comes with years of study, accompanied by large clinical experience. The author has shown the good judgment to be explicit and full when it is needed, and yet avoids all unnecessary discussion of conflicting views and opinions.

I have not the pleasure of Dr. Bosworth's acquaintance, yet from his book I should judge him to be a close student, a profound thinker, an accurate observer, and devoted to his specialty. I hope some day to have the opportunity to thank him for the pleasure and profit I have derived from his book. The chapters on instrumental examination are excellently written, and well illustrated. Those devoted to the anatomy, physiology and pathology of the mucus membranes fill a much needed want to the medical student who has not the time to cull these facts

from the pages of Virchow and other eminent writers on histology and pathology. The section on "diseases of the fauces," contains much original thought. I think the suggestion of glycerine and iron in these affections to be very valuable.

In my opinion, however, by far the best chapters of the book are those on the "Diseases of the Nasal Cavities," unless I except the chapter on "Laryngeal Catarrh." Speaking of this affection the author says, (see page 276) "A large portion of cases are due to nasal catarrh. This may be overlooked while attention is directed entirely to the larynx, hence, both by physical examination and by question eliciting the subjective symptoms, a nasal catarrh, if present, should be discovered and removed by the proper remedies. The same may be said of pharyngeal catarrh, enlarged tonsils, elongated uvula, etc. All remedies directed to the removal of the morbid condition within the larynx are of little avail so long as an exciting or aggravating cause exists to perpetuate the trouble." This is the secret of many failures in treating this affection, and is worthy of much thought and clinical investigation. The remainder of the book is well and forcibly written.

The last chapter is of interest as a history of the daring operation of extirpation of the larynx for the removal of growths malignant in character. At the close of the work is added an appendix giving the various formulæ that his experience, justifies him in recommending. In conclusion, I would recommend all who wish a complete and reliable treatise on this subject to add Dr. Bosworth's book to their library.

THOMAS F. HOUSTON, M. D., Atlanta, Ga.

THE CHEMISTRY OF MEDICINES—PRACTICAL. A Text Book for the use of Students and Pharmacists, embodying the Principles of Clinical Philosophy and their application to those Chemicals that are used in Medicine and in Pharmacy, including all those that are efficient in the Pharmacopœia of the United States, with fifty original cuts, by J. U. Lloyd, Prof. of Chemistry and Pharmacy of the city of New York, Associate Author of the Supplement to the American Dispensatory, Author of the Pharmacy and Chemistry of the Students' Pocket Medical Lexicon, Cincinnati. Published by the Author, 1881.

The author of the above work has sought to accomplish an important desideratum, the presentation, in a practical, plain and easily comprehended manner, of the medical student—giving "the theory more generally adopted by the majority of chemists of the day," avoiding unnecessary details and extremes. He remarks that "By introducing only medicinal chemicals I have been enabled to give, in most instances, quite thorough descriptions of the important ones. My laboratory and commercial experience have been drawn upon to render the work as complete and practical as possible, and my aim has likewise been to make it of interest and value to students, physicians and druggists."

The work is well gotten up in plain type, and contains 419 pages, with an ample index. It must prove a book of much practical interest and profit to the student, the physician and the druggist.

DIFFERENTIAL DIAGNOSIS: A manual of the comparative semiology of diseases, by De Howland Hall, M. D., Assistant Physician to the Westminster Hospital, London; Second American edition—extensive additions—Edited by Frank Woodbury, M. D., Physician to the German Hospital, Philadelphia. Philadelphia, D. S. Briton, 115 South Seventh Street, 1881.

This is a work of 218 large octavo pages, large plain type and excellent typographical execution. "*Hall's synopsis of the diseases of the larynx, lungs and heart*," is here enlarged to cover all the leading and important discoveries. Under the two heads of *General and Local*, the whole field is plainly and yet systematically considered. The work is practical and instructive, and will furnish a useful and important addition to the library of the intelligent and progressive physician.

HERNIA, STRANGULATED AND REDUCIBLE: with cure by subcutaneous injections, together with suggested and improved methods for relotomy; also an appendix giving a short account of various new surgical instruments, by Joseph H. Warren, M. D., member of American Medical Association, and delegate to foreign countries for 1880 and 1881; member of Massachusetts Medical Society, member Oswego County Medical Society, New York; member Boston Natural Historical Society; formerly Surgical and Medical Director United States, etc., with illustrations. Boston, Charles N. Thomas, 215 Tremont St., London. Sampson Low, Manston, Searle, and Revington, 1881—oc. pp., 28.

The difficult subject of Hernia is here treated in an able and lucid manner, and the new suggestions and new instruments presented will give to the work especial interest. The practitioner, and especially the surgeon, will find it a most useful and valuable addition to the medical library.

THE HEART AND ITS FUNCTIONS. New York, D. Appleton & Co., 1881. Price 50 cts.

This is one of the series of Health Primers prepared by eminent medical and scientific men of London. The present one is a work of 64 pages—very instructive and interesting.

RECEIPIED.

[Receipts not acknowledged privately are entered here.]

1880—Drs J E Pope, W M Garrard, L P Hanner, Thos A Cook, W A Cusick, D S Williams, C N Howard, 1870-R B Stapleton, 1879, 80.—R W Rea.

1881—Drs R L Seale, L S Brownlee, M V Miller, T E Morris, T C Davis, Jno Hardman, E F Sumnerall, O M Doyle, James Ray, J A Siddons, C W Keller, T P Davis, J J Groover, T F Houston, D R Fox, H E Hurst, Jno Lee, J B Fonville, J R Muse.

SPECIAL NOTICES.

PARKE, DAVIS & CO., Detroit, Mich.—The **SUGAR-COATED PILLS** of the above extensive establishment we have found to be of excellent quality, and are put up in a neat and elegant style. We may say the same of their **CAPSULES** and **GELATINE-COATED PILLS**. These beautiful preparations are most convenient for the practitioner, relieving him of the trouble of preparing his medicines and furnishing him everything to hand in a shape suited to every emergency, and most agreeable and acceptable to the patient.

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The advertisement of the now celebrated **SADDLE BAG, ELLIOTT'S PATENT**, appears in this issue of our Journal. It is owned and manufactured by A. A. Meiller, of St. Louis, whose house has been established for 25 years, and is among the leading Wholesale Drug establishments of the country. He obtained the patent right of this **BAG** four years ago, and showing its merits to the United States government, it was adopted and 300 were immediately ordered, and are now in active use; a very clear evidence of superiority.

BUFFALO LITHIA SPRINGS.—These waters well deserve the attention of the profession, especially in the treatment of Kidney disorders. In many instances when the usual remedies fail to reach the case the physician would do but justice to his patient to advise him to test these wonderful waters, which have attained a deservedly wide reputation in a class of diseases which unfortunately are seldom relieved by the ordinary methods of treatment.

THE Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XI.

ATLANTA, GA., MAY 20, 1881.

No. 5.

ORIGINAL AND SELECTED ARTICLES.

CONVERSATIONS UPON THE PHYSICAL AND MENTAL HYGIENE OF GIRLHOOD.

BY T. S. POWELL, M. D.,

Professor of Obstetrics and Diseases of Women, and Lecturer on Medical Ethics in
the Southern Medical College.

CONVERSATION V.

Mother—"Doctor, since your last visit, I have been doing some hard thinking in regard to that subject of adulterated, poisonous food and drinks; or, I should rather say, I have had some not very gentle thoughts about the persons who are responsible for the evil."

Doctor—"I have no doubt of it, madam. When a mother gets thoroughly aroused about the welfare of her family, there will very probably be some plain thoughts expressed in plain words."

Mother—"And I think it just and right they should be so expressed. But what can we do about this, Doctor? Must we always submit to these murderous impositions upon our children and ourselves?"

Doctor—"I hope not, madam. I trust the day is not far distant when these evils will be exterminated by rigid laws rigidly enforced. But no great reforms can be made in a moment. The public must first be prepared. There are prejudices to be combatted, and the ignorance of social, moral, mental and physical science to be dissipated before the people can be aroused to the vital importance of all these

questions, and then they will rise in their might and demand protection from these destructive frauds."

Mother—"It is a shame that even in our cities, the men who make and execute the municipal laws have not intelligence enough to know all these things, and the courage and humanity to protect the families of those who put them in office from evils that are destroying health, happiness and usefulness."

Doctor—"But let us hope for a change favorable to these interests, in both civic and State governments. It is not for the want of intelligence. As I have said, it requires time to accomplish such changes."

Mother—"And I think we also need much health reform in our public schools, boarding schools, and all kinds of schools. If the parents of the children have not sufficient sense (as was the case with myself in regard to Mary) to know when their children's minds and bodies are being overtaxed by study, and just how much mental exertion they can endure without any injury to their health, the school-teachers and officers of the board of education ought to be thoroughly informed upon all such subjects, and where they are not they ought to give up their position to those who have got the requisite information, and who will also make use of it humanely and conscientiously. I believe you are a member of one of the boards yourself, Doctor, are you not? and if you have not used your best efforts to correct these errors, in all kindness, I mean my remarks to apply to you as well as any one else."

Doctor—"Well, madam, I am perfectly willing to be included among the objects of your indignation, and will promise to endeavor to profit by your remarks. I understand (as every gentleman will) your feelings as a mother, and know your children's health and happiness, as it should be, is dearer to you than the most brilliant education you could give them."

Mother—"I have just heard of another young girl killed—yes, murdered—by mental taxation at a public school. This is at least half a dozen, to my certain knowledge, in a few months. Our schools, especially the public ones, almost without exception, actually slaughter our children—slowly, it is true, but none the less fatal and sure."

Doctor—"Do not be too severe, my dear madam. I believe the time is not far distant when our schools will be based upon true principles of science, and conducted upon such hygienic laws as will make the perfect physical and moral growth of the pupil equal if not superior in importance to the development of the intellectual powers. When this is done it will be such an advanced step in reform, we will have men brave, intelligent and humane, who can appreciate the great necessity

of these movements, and our legislators will then pass adulteration acts, and appoint public officers, and see that they have the courage and manliness to enforce these laws. A public analyst for every county will also be appointed to give our drinks and food a rigid inspection, and who are capable of detecting these 'fraudulent sophistications,' as some one has called them."

Mother—"I do hope so; but as all intelligent persons know, the Word of God is the true basis of every wise and humane law, and I think also of every scientific law; and so long as the Bible is not allowed to be read in the public schools, I fear you and I will die with old age before this great and so much needed reform is established."

Doctor—"Well, that may be so; we may both be dead, but I feel assured that these things will yet be accomplished, and before very long. They already have been in some sections of the country, and the State of Georgia will surely not lag behind in this great progressive movement, and bring reproach upon the acknowledged wisdom, humanity, and intelligence of its citizens."

Mother—"I think our daughters are put into the high schools at too early an age—thirteen or fourteen years is the usual period, and the most critical one of a girl's life, when she ought, as I have now learned, to be laying in a large stock of robust health, and which she cannot have without plenty of fresh air, out door exercise, many hours sleep out of the twenty-four, and perfect freedom from overtaxed mental strength."

Doctor—"Yes, madam, unquestionably she needs this good health to undergo the important change inevitable to girlhood, and upon which so much depends her future health and happiness."

Mother—"And I am sure very few young girls at that period can keep advanced in all those studies required of them in the different grades without much more mental exertion than is favorable to their health, and taking hours for study both night and day that ought to be spent in recreation, or some domestic employment that is no tax upon the mind. They have too many studies, and I have now resolved that Mary shall not attempt all of them. I have procured a list of the different grades of the high school, and here are Latin, Algebra, Geometry, Geology, and Trigonometry—all studies that no young girl has any use for whatever; and even if she has good health all through the course, it is impossible for her, in the short space of time given to each one of these, to become proficient in them as well as those which are really useful and essential."

Doctor—"But it is said they may find a knowledge of these studies necessary, in case they should become teachers."

Mother—"No, I think not. If girls were not required to study

these superfluous branches in the schools, there would be no demand for women to learn them. With the exception of Latin, I shall not consent for my sons even to study any of these branches until they are sixteen years old, if they learn them at all; I shall look after their health as well as that of my daughters, and I desire them, above everything else of an earthly character, to have a perfectly robust and vigorous constitution. I have just been reading that the ancient Greeks did not allow their boys to learn even the alphabet until they were ten years old. They were fourteen before they were put at the rudiments of Mathematics, and see what strong, brave, athletic types of manly beauty they were!"

Doctor—"That is true: the ancient Greeks and Romans certainly excelled any moderns in these respects, as well as some others."

Mother—"I wish my children to be well educated, even accomplished, but I want them to expend no physical or mental exertion in attaining what will really be of no benefit to them or others; and besides, I shall insist upon their being proficient in what they do learn—I detest a smattering of anything. There are young girls of my acquaintance, seventeen and eighteen years of age, who have been to colleges, and yet cannot write an ordinary note of invitation to an entertainment, or a properly constructed letter, without asking assistance."

Doctor—"This is common, my dear madam; I know men, graduates of colleges; also, who cannot spell correctly through a short letter."

Mother—"Well, I do not look upon that as being educated. I want my children to be thoroughly accomplished in orthography, reading, writing, and the analysis of their own language, before they learn anything else. I should like my daughters to learn French if they can be taught to speak it fluently, for I look upon that as an accomplishment that may be useful to them in society, and I wish them to be clever at mathematics so far as I think it is necessary for them to go in that study."

Doctor—"But, for the sake of the argument, madam, and also to get your views on the subject, at what ages do you propose to have your children pursue their different studies?"

Mother—"Well, Doctor, I have recently been trying to get up and systematize a programme for the purpose. Mary, as you know, is fourteen, and is my oldest daughter. Although her health was so bad, I, like the ignorant, stupid woman I was, allowed her to enter the high school some months ago, and though I have now taken her from her studies, if her health is perfectly good at the time, she can enter the lowest grade of that institution again after she is fifteen years old, but

not before. I shall not require any more of my children, boys or girls, to learn the first letter of the alphabet until they are eight years old, and not then if they are at all delicate in health. But provided they are perfectly healthy and remain in that condition, then at the age of nine or ten they can begin to read and write, at eleven take easy lessons in oral arithmetic, a year later begin geography, at thirteen take their first lesson in the English language, and at fourteen, begin music. I desire my daughters to have a slow but thorough advancement in no studies but these, until they are sixteen years old. Then they can take up successively, History, French, Natural Philosophy, Chemistry, Mental and Moral Philosophy, and Astronomy, and before their education is finished, whether at school or at home, I desire them especially to be thoroughly acquainted with Physiology and Hygiene. A proficiency in all these studies, with the addition of drawing, is sufficient to make any girl not only thoroughly but brilliantly educated."

Doctor—"Yes, madam, girls with such an education as that, added to a thorough moral and domestic training, make the women upon whom depend the hopes of the home circle, society, the Church and the nation."

Mother—"My daughters will, no doubt, be eighteen or nineteen years old before they obtain this education, even at school, and in the slow and thorough manner I desire. But I will be perfectly satisfied for them to remain at school until that age. They would then have two years to be in society and perfect themselves in their accomplishments, also in needlework and housekeeping, before I would wish them to marry. I was just twenty when I was married, and I would prefer my daughters to be a year or two older before they take upon themselves the cares and responsibilities of a married life."

Doctor—"I am sure they would not regret it, madam. Many evils often grow out of these very early marriages. Unless the parents are maturely developed in body and mind, their children are not apt to attain perfection in either. As to the different ages for your daughters' curriculum, madam, I must say you evince much intelligence and discrimination, as well as the watchful regard that every mother should have for her children. A noted medical scientist says that until the average age of fourteen, the taste for literature, properly speaking, does not really exist in children, therefore they are naturally averse to its pursuits, and nothing but the rudiments should be taught during those years; that after fourteen or fifteen, intelligence becomes enlarged, the love of the beautiful is awakened, and then it is time to begin literary studies, music and drawing. After this period I have often observed that both girls and boys, in good health, who had never

been put to hard study before then, learned more in six months, and more thoroughly, than others of the same age had accomplished in as many years under constant constraint and sometimes punishment."

Mother—"Yes, Doctor, and I can now see that when children are not put to a close application until they are old enough to understand and appreciate its beauty and importance, they will really have a love for their studies, and will not need punishment or coercion to make them apply themselves; at least I do not think they would, in but very few instances, if at all."

Doctor—"Of course not, if they really love the study they are pursuing."

Mother—"A lady was telling me yesterday of a very bright, interesting little girl in the preparatory department of one of our female colleges, who was studying English grammar, and the poor child was punished day after day because she could not go through the conjugation of the verbs—intricacies of the study that all intelligent mothers, much less teachers, ought to know are difficult for boys and girls fifteen and sixteen, and this abused child was only nine years of age. Was it not Grace Greenwood who, when asked the age of her little boy, said, 'Nine years old, madam, and thank God he does not know his letters?'"

Doctor—"She struck the key-note then, my dear madam, and with no uncertain sound."

Mother—"It is astonishing how ignorant we all are as mothers and fathers, and I do hope to see, and at an early day, all these evils done away with forever. But, Doctor, I ought to ask your pardon for detaining you with this digression; I drifted into it unconsciously, and yet you know it is pertinent to the subject, for you have taught me, I am grateful to say, the important connection that education has with our children's health."

Doctor—"Yes, madam, it certainly has a bearing of great importance."

Mother—"I think I now understand a great deal of its significance, though I intend to read and learn still more about it, as I have said I would do of some other subject upon which you have given me so much information. I will not detain you much longer this morning, Doctor, but before you go tell me something, if you please, about the quantity of food we ought to eat at a meal, or during the day."

Doctor—"The question is an important one, but not very easily answered. The quantity of food to be eaten varies as much as the conditions of the persons who consume it, and what would be quite sufficient for some, would be an excess for others. It is conceded that persons of sedentary habits require less food, and of a different charac-

ter, than those who engage in constant and active employment. Young people, in proportion to size and health, also require more food than adults."

Mother—"I presume the quality of the food is really of more importance than the quantity?"

Doctor—Yes, that is to be properly considered in all dietetic laws, though both quantity and quality should be duly proportioned. An excess of strong, concentrated food is as destructive to health as a meagre, thin diet; in fact, more diseases are caused by over-eating than from a moderate abstinence from food, regardless of the character of the diet. The digestibility of the food depends upon the same laws, whether it be rich, poor, animal or vegetable; therefore, every person who would preserve or restore health, should understand these principles and act upon them in the supervision of his daily food."

Mother—"Yes, I see how necessary it is for us all to know something of these laws of life and health. Which do you think, Doctor, is the healthiest and most easily digested diet, animal or vegetable?"

Doctor—"That depends a good deal upon circumstances, but in health it should be mixed. Both animal and vegetable food are needed to replenish the fluids of the system in accordance with the laws of health. But though man is what is called an omnivorous animal, constructed so as to subsist upon both animal and vegetable food, yet it is possible for him to live entirely upon either. In the tropics the inhabitants subsist almost wholly upon fruits and vegetables; near the arctic regions great quantities of animal food are consumed with the use of scarcely any farinaceous diet; and in temperate climates science clearly teaches that animal and vegetable food are required to keep the human system vigorous and well sustained in all its parts. In every case, though, the state of health, habits, and idiosyncracies are to be properly considered, remembering the plain old adage that 'It is not what we eat that makes good flesh and fat, but what we digest.'"

Mother—"Yes, I have often heard that, and know it is true; but, Doctor, how can we know every time that we have eaten indigestible food?"

Doctor—"Well, madam, cramp-colic, heart-burn, as you mothers call it, spitting up the food, sudden distention of the bowels and depression of spirits without any known cause, are every-day symptoms, more or less of imperfect digestion in men and women, and children also, to some extent; and yet, not one out of ten, probably, knows the cause of the symptoms, which if continued, will surely result in ill health. Another very common indication, and generally given after a heavy supper, is an uncontrollable inclination to yawn frequently, especially if the person is sitting quietly.

Mother—(laughing.) “Is it possible, Doctor? I thought that was an evidence of sleepiness, of being bored, or *ennuied*, as society people say.”

Doctor—“No, madam, not every time, and, by the way, as you seem to be amused at the idea, if young men knew this, it would no doubt prevent their vanity from being wounded on some occasions, as for instance, when they are visiting a young lady, and she is seen to frequently yawn behind her handkerchief, instead of feeling she was bored with their company, they might think she had eaten an indigestible dinner or supper.”

Mother—(laughing.) “Yes, indeed, and it would be consoling to them, if not poetic or romantic.”

Doctor—“Sometimes, madam, it is not so much the kind of food we eat that causes indigestion, but the quantity, and as you desire a plain, simple test of the healthful amount, it is a safe rule for every person in health to quit eating before repletion takes place; or, to put it more plainly, just as soon as the least fullness is felt in the stomach. That is nature saying stop, and she is a scientist that never errs. If the person has dyspepsia it is better to leave off eating before the appetite is entirely appeased. The Arabs have a rule, ‘Never to eat only when hungry,’ and then not to repletion. Consequently, dyspepsia with all its horrors is unknown among them.”

Mother—“I think cooking, as a science, ought to be taught in some of our schools, and also the art of eating properly.”

Doctor—“And they will be among the reforms that will certainly follow the broad and intelligent conception of a true education. Both men and women will then know how to select the best quality of food, and wives and mothers will be able to prepare it, or have it prepared, in the best manner suited to the wants of the body, so that disease may be prevented and vigorous health and activity promoted. They will also understand the nutritive qualities of every variety of food, and how to economize this nutrition so as to distribute it into a few well prepared wholesome dishes that are savory and palatable, without being of that highly-seasoned character, the use of which perverts the appetite and damages the health by its artificial stimulating effects in excess; young ladies will then consider it an accomplishment to know how to determine when butchers’s meat is sound and fresh, and if it has been well fed, how to choose poultry, fish and vegetables, and what articles of food are digestible and what are not.”

Mother—“And also how to prepare the same kind of food in different ways, and the importance of regularity of meals, which I think but few understand.”

Doctor—“Yes, madam, that is of much importance. I must really

go now, and will leave this prescription, which you will please have filled and sent out to your daughter as early as possible :

R Simple Elixir..... 3 vi.
 Pepsine..... 3 liiss.
 Quinine..... grs. xxx.

M. Sig. Take one tablespoonful just before each meal in a wine-glass of water.

PUERPERAL CONVULSIONS.

BY T. S. LALLERSTEDT, M.D., OF GEORGIA.

What causes puerperal convulsions? After carefully examining a few works on obstetrics I find that the prime cause is albumen in the urine. I claim that it is irritation of either the womb or external genital organs; for it is a well settled fact that more women have convulsions with their first confinement than those who have borne children before. And why irritation? Because as soon as you either remove the child or give something to quiet the nervous system, then you have no more convulsions.

Prof. Meigs, among the oldest American writers on obstetrics, says: "The pregnant woman who reaches her term and falls into labor without having suffered from œdema or other results of pressure will rarely be found to have an attack of puerperal convulsions, while every woman who has swelled feet and legs in her gestation; every woman whose urine, on being tested, exhibits the presence of albumen; all those who complain of headache, transient seizures with amaurosis, tinnitus aurium, deafness, convulsive twitchings, red and tumid hands and fingers, and all in whose urine casts of tubuli uriniferi are discovered by the microscope, all such people should be regarded as in danger of convulsions."

On pages 240 and 241 will be found about the same. In Churchill's System of Midwifery, commencing on page 450 and extending to 453, a great deal about what may be the cause, the principal causes I condense: Sympathy of the brain with the irritation of some different and often distant organ, it may be the uterus, the stomach or bowels; intemperance in eating or drinking; mental emotions and fright; accumulation of blood in the head; atmospheric influence.

I have not given all of his causes, but those of most importance.

"Colombat on Diseases of Females," we find on pages 632 and 633: "The causes of eclampsia ought to be divided into predisponent and occasional causes. The first in order of these conditions is undoubtedly the primiparous state, for, according to a statement made by Dr. Collins, of Dublin, there were seventy-five primiparous women in

eighty-five cases of convulsive attack during pregnancy and lying-in. Women in their first pregnancy are more liable to eclampsia, only because in them the uterus enjoys a higher degree of susceptibility, and the labor, moreover, is longer and more painful. Among the predisponent causes of the disorder we ought also to class the distension of the womb by twins or by an unusual quantity of water which almost always coincides with a serous diathesis and considerable infiltration of the inferior extremities. The sanguine temperament and particularly the lymphatic temperament, with general and partial œdema of the cellular tissue, are rationally by many authors regarded as condittons essential to the production of eclampsia."

In Cazeaux's "Midwifery," are mentioned the following causes : " Albumen in urine, organic lesion of kidneys, extreme distension of uterus, first pregnancy, alteration in quantity or quality of the blood, the irritation produced by distension of the intestinal canal, indigestible food in stomach, irritation of the walls of the bladder produced by its extreme distension with urine."

Prof. Meigs : " Doctrine of swollen legs will not do, for we have often seen and confined women whose extremities were so much swollen that they were confined either to a chair or bed, and yet had no convulsions."

Churchill's views as to a distended stomach, uterus or bowels producing convulsions will not hold, for frequently the uterus becomes so large that the waters are expelled several days before labor sets in, and the stomach almost invariably relieves itself by vomiting, and as a general rule women keep their bowels well open.

Colombat appears to think that primiparous women are more liable to convulsions, and says that "labor is longer and more painful." I don't think that will do, for young women, in my experience, get through about as quick as those who have borne children before. Cazeaux's views are more nearly allied to what I believe.

My experience with puerperal convulsions is not extensive, but close observation has not inclined me to the albumen theory. I have only seen five cases of puerperal convulsions, but one of which I had charge of at the start. I say the disease is from womb irritation; why? For the reason that, unless it was reflex irritation, we would have no convulsions.

The first case I ever saw was a woman 35 years of age and a primipara; the head of child was large, and as it passed out of vulva, she had a convulsion. As soon as she could swallow I gave 30 grains of sulphate of cinchonia, and in about half-hour I found that the pupils of her eyes began to dilate and I gave 20 grains more. In about one hour I noticed the same symptoms and gave 15 grains more, and that

was the last of them. Was not the convulsion caused by the irritation of external genitals from the passage of the head?

The second case I saw died in a few hours after I was called to see her. Nothing that I could do gave her any relief. The situation of her womb was as low down as it could be within the pelvic bones. The convulsions were caused, in my belief, by pressure.

The third case, when I saw her, had been having convulsions for eight hours when I arrived in consultation. Nothing but cold water to head gave her any relief. The womb was as low as it could get, and the water had escaped long before. Mouth of uterus dilated to the size of a quarter dollar. We dilated the womb and used every means to deliver her, and finally performed craniotomy. We could not turn and deliver because the womb was so contracted down it was impossible to pass in the hand. After she was delivered, convulsions ceased, and she soon recovered but died in next labor without any convulsion, from exhaustion, as I learned.

The fourth case was a negro woman who had had convulsions for 12 hours when I arrived at her home. Her medical attendant had given her up, and left for his home. The situation of the womb was low down, and mouth undilated, so as you could, by hard pressure only, get your index finger into it. The mouth felt like that of a sucker fish. I did not attempt to deliver her, but first bled her profusely—which did no good. I then gave chloroform with poor success. I then gave hypodermically 9 drops veratrum viride and 20 drops fluid extract gelseminum in the left arm. She had no more convulsions. I remained with her until 10 o'clock, and she was restless. I gave $\frac{1}{4}$ gr. morphine in the arm. On leaving her, the pulse in left arm was almost imperceptible, while right was sixty beats per minute, and strong. I called next morning about 7 o'clock to see her. She was sleeping quietly and had all night. The pulse in left arm was a little stronger and fuller; right, about normal. I left large doses of quinine and Dover's powders for her to take every four hours until my return. She had her child two days afterwards, and so easily it did not wake her up out of a sleep. She soon recovered her usual health.

The fifth case happened recently in my practice. She was taken on morning of 28th December last. The labor was slow and tedious. About 7 o'clock I made an examination and attempted during a pain by placing my hand above the head to hold it down, as in my judgment it was too high above the symphysis pubis, and by that means to guide it into the outlet; but as soon as the pains grew strong she went into convulsions. I soon delivered her with forceps and gave her by mouth veratrum viride and gelseminum. In about one hour and a half she had another convulsion; I repeated above dose. At

12 o'clock she had another convulsion; I then gave 8 drops veratrum viride and 15 drops of the gelseminum. She had one very light convulsion at 2 o'clock. I remained until five o'clock. She recovered rapidly. In her case, convulsions were caused, I think, by the extraordinary pressure.

The third and fourth cases mentioned were clearly the result of reflex irritation from pressure on nerves in pelvic region.

On page 899 of the *American Journal of Obstetrics*, is reported a case of cataleptic convulsions, how cured, etc. I quote as follows: "After the introduction of Sims speculum first demonstrated the existence of a laceration on the left side of the cervix; then taking a probe and placing the point of it in the angle of the laceration. *Slight pressure provoked convulsions, etc., etc.*"

Now, if this lady had been pregnant and at full period, had convulsions, what would they have been called? They would have undoubtedly been called puerperal convulsions. I bring this case up because it gives positive demonstration that pressure will cause convulsions. I, therefore, say, that puerperal convulsions are caused by reflex irritation. I hope that those of the Profession whose field of observation have been more extended than mine will give us their views.

RUPTURE OF THE URETHRA WITH EXTRAVASATION OF URINE, ETC.

BY THOS. R. WRIGHT, M. D., DEMONSTRATOR OF ANATOMY MEDICAL DEPARTMENT UNIVERSITY OF GEORGIA, AT AUGUSTA.

Read before the "Augusta Academy of Medicine," March 2d, 1881.

Among the multitude of surgical troubles to which human flesh is heir, there is possibly none which causes the surgeon more anxiety and trouble than one of extensive urinary infiltration; and especially one in which the perinæum and scrotum have been infiltrated and distended with offensive decomposed urine. The following case, illustrative of this condition, may be of interest:

On the 22d of November, 1880, I was sent for to see Dennis A., a negro man about fifty years of age, the messenger stating "that the old man could not pass his water, and that what he did make went into his bag, which was as large as a baby's head." Upon seeing the patient, the following history was obtained: Some years before he had trouble in making water, and was then treated by a doctor who relieved him, and he had no more trouble until ten days before he sent for me, when he again had some difficulty in voiding his urine.

Thinking this was a small matter, he took some domestic remedies, hoping to get relieved, but failing with these, by the advice of friends, he partook very freely of watermelon-seed tea. After taking this tea his desire to pass water was so great he thought if he would strain with all his might he would be relieved; he did so, and making a violent effort he said he felt something give way, and was relieved for a while. Shortly after this, his privates began to swell and burn and pain him. On examination the perinæum, scrotum and lower portion of the abdominal wall were found infiltrated with urine, his scrotum, in fact, being "as large as a baby's head." From the history and condition of the patient I suspected the trouble, and tried to pass a No. 7 elastic catheter, but failed, the instrument meeting with what seemed, and afterwards proved to be, a very tight stricture a little anterior to the bulbous portion of the urethra. An attempt was then made to pass a filiform bougie, which was finally successful. After the bougie passed the stricture it entered any number of false passages, making it appear as though the urethra back of the stricture had been torn up by the rough use of instruments, and it was only after long and patient trial that the instrument was carried into the bladder. An attempt was then made to pass a larger instrument, but was unsuccessful. Not having my dilator or urethratome with me, I decided to incise his scrotum freely, put him thoroughly under quinine, and leave him until next morning, it being late in the afternoon when I saw him and some distance from the city.

Calling the next morning, with Prof. DeS. Ford, whom I had asked to see the case, we again tried to pass a large bougie, but failed. Ether was then given and another attempt made only to fail. The filiform guide was then passed, and upon it Gouley's tunnelled dilator and urethratome was carried through the stricture, when it was dilated and then cut. This was then withdrawn and a Gross' dilator introduced and the stricture dilated to 25 on the scale. A catheter was then easily carried into the bladder, a little ammoniacal urine flowing out, the instrument being left in the bladder. The scrotum had diminished some but was still very large, and was again incised. Five grains of quinine were ordered given every four hours with 15 drops of tinct. ferri chlor. three times a day, with brandy, milk and eggs.

On the third day my patient's general condition was a little better; he had removed the catheter, however, and his scrotum was larger than ever. His wife stated that he pulled the instrument out, and then desiring to urinate had gotten up to do so, and on making the effort "his privates (as she expressed it) swelled right out," no urine coming by the urethra. A catheter was again introduced into his bladder, and the necessity of its remaining there explained to him, the

same directions for quinine, iron and nourishing diet being continued.

On the fourth day (25th) the man's condition was not so good; the scrotum and perinæal tissues in about the same condition, with the catheter again removed, no urine having passed since its withdrawal in the early part of the night. The condition of the man was now such that I began to think of the propriety of performing perinæal section; the man could only void his urine by the aid of the catheter, and this he would not allow to remain in his bladder, and any attempt to pass his water without it seemed only to force the urine through the ruptured urethra into the already distended scrotum and perinæum, and even while the catheter was in the bladder, there was no appreciable change in the infiltrated parts, thus leading me to believe the urine was passing along the outside of the instrument and getting into the tissues. I thought if the section was made and the urethra entered behind the seat of rupture and free passage given to the flow of urine, it might be of service to him, although I feared the operation had already been too long delayed. The operation, with its possible termination, was then explained to him and his family, when all agreed that it should be done. Accordingly the operation was decided upon, and with the assistance of Drs. DeS. Ford and Perrin, performed as follows: The patient being in the lithotomy position, a small grooved staff was introduced into the bladder and an incision made in the median perinæal line down upon the groove, and the urethra entered a little anterior to its bulbous portion. A female catheter was then passed through the perinæal opening into the bladder, a little urine flowing out. This instrument was withdrawn, and there being no blood the wound was left entirely open. In passing the finger into the wound it entered the false passages spoken of before, and could be passed through these into different parts of the perinæum and down into the scrotal tissues; the parts, to the touch, felt very hard and indurated, and cut like cartilage. The patient reacted from the operation very well; a $\frac{1}{4}$ grain sulph. morphia was given to relieve pain, with quinine, iron and nourishing diet, as before.

At my evening visit he expressed himself as being very comfortable, had suffered very little pain, and had voided his urine several times through the wound in the perinæum. The next morning after the operation his condition seemed very favorable, he had passed a comfortable night, had relished his breakfast, and felt better every way. The scrotum had diminished considerably in size, and he was passing his urine freely through the perinæal opening. At this visit, from my patient's general condition, I felt very much encouraged as to a favorable result, and hoped he might finally get well. But my visit next morning banished all my hopes, for a decided change for the worse

was evident; his pulse was very feeble and frequent, with appetite gone, and he was lying in a semi-unconscious state. Brandy and milk was given him very freely, but to no avail; he gradually grew worse and died the next day, about 72 hours after the operation.

The treatment of this case is that which I believe is given by nearly all authorities upon the subject, *i. e.*, to give free passage to the flow of urine, incise freely the infiltrated tissues and support the system by tonics and stimulants, all of which was done in this case before the operation of perineal section was resorted to, and it was only after seeing these measures fail that the operation was thought of. I believe now had the operation been performed at first the chances for my patient would have been better, for the strong constitution which he seemed to possess might then have enabled him to overcome the trouble. Indeed, should another case of the kind fall into my hands, I shall adopt the treatment so emphatically laid down by Prof. Van Buren, to perform external perineal urethrotomy at once, and thus insure a free passage to the out-flow of urine, leaving the stricture to be treated at a subsequent time.

SYPHILITIC PHTHISIS IN THE NEGRO.

BY G. G. ROY, M. D., PROF. OF MATERIA MEDICA IN THE SOUTHERN MEDICAL COLLEGE.

The development of phthisis pulmonalis in the negro race of the South since the late war, has become a serious question, and one of grave consideration—present and prospective—for the medical profession, as well as the thoughtful humanitarian.

From being an extremely rare occurrence to meet with this disease in the full-blooded negro before the war, the mortality among them from it is now appalling.

And as evidence of the fact that the causes of this increased development of the disease have arisen mainly since the war, the young are its chief victims—the ages ranging from 12 to 30 years. As one of the city's physicians for the last two years, my opportunities for studying the prevailing causes of mortality among the colored population—a large majority of which are paupers when disease of any kind overtakes them—have been unusually good.

Early after being installed into the position of Fourth ward physician, my record shows that in the space of a few weeks during the fall of 1879, burial at the city's expense was furnished for ten young negroes—aged from 12 to 30—who had died of consumption; and from that time to this, I have observed no decrease in the rate of mortality.

The important and interesting question was at once presented, to learn the causes of this unusual development of the disease and the mortality.

After very careful investigation, my observations convinced me that the two prominent causes were syphilis and imprudent exposure of the body to night air and inclement weather, after a night's carousal. I have no doubt the experience of the physicians of all our Southern cities bears testimony to the increased ravages of syphilis among the negro race since the war, though they may not have connected the increased development of phthisis with this agency.

The negro race, since "freedom," has become extremely migratory—very restless, never satisfied to remain long in a place, and ever on the alert for some new and rich pasture upon which to browse. In their wanderings many of them reach the larger cities, where they seem to find all of their long-sought joys, and where culminate all of their earthly ambition and brightest dreamed-of hopes. Unaccustomed to "city life and ways," he is soon introduced into all the haunts of vice and sin which afflict our cities. The sequel is, that even "before his suspicions are aroused," he has contracted syphilis, and soon scatters it broadcast, at home and among his numerous female acquaintances.

Of these cases not one in a hundred is ever under treatment long enough to have the disease eradicated. They generally fall into the hands of quacks, a la Buchanan, who pronounce them "cured" as soon as the primary lesion disappears, and they go on in ignorant bliss of their terrible fate.

The poison, the meanwhile lurking in the system, the disease passes into the secondary stage, and if phthisis and death do not intervene, the tertiary stage is reached with all of its life-long miseries. The irregular and exposed life of the average negro has a strong tendency to invite disease to the respiratory organs. The most sober-sided among them do not observe the ordinary hygienic rules of life.

They disregard entirely Franklin's law of eight hours rest or sleep, and prow around all hours of night, in all weather, attending either the meetings of some one of their many "societies," their church or social gatherings; at all of these they commonly pass through feverish stages of animal excitement—dancing, shouting or exhorting; this is followed by complete relaxation and often prostration. In this physical and mental condition they wend their way homeward, their bodies often poorly protected by clothing, at the most chilling hour of the night, and oftentimes through the most inclement weather. Having reached home, without fire, and scant of bedding, they throw themselves down—frequently without removing their clothes—for a few

hours' nap before they start out on their daily rounds of work or loafing.

The young are particularly addicted to this unhealthy mode of life.

Could there be more potent influences than these to develop or excite pulmonary disease in a subject already inoculated with the hydra-headed poison of syphilis? Are we not sadly in need of sanitary regulations to arrest, in a measure at least, the causes of this wholesale destruction of the usefulness and lives of a large class of our population? Much might be done, were judicious efforts made in the proper direction.

My impression is that syphilitic phthisis is a much more common disease than we have heretofore considered it, in both races, and the unhealthy habits and usage to which the negroes of our Southern cities are subjecting themselves by their irregular and dissolute mode of living, is the *chief* cause of that fearful mortality among them.

Treatment in Cases of Excessive Lochial Discharges.—

Dr. Hugh Miller, in a clinical lecture delivered at Glasgow, recommends the following prescription in cases in which there is an excessive discharge, accompanied by a relaxed condition of the uterus. He administers one drachm doses of liquid extract of ergot repeated every three or four hours, and

R Quinia sulph..... $\frac{1}{2}$ drachm.
 Acidl hydrobrom..... 6 drachms.
 Aquæ ad..... 2 ounces.

Dose, one drachm in aq. ter. in die.

By this method large doses of quinia may be given without causing headache. In septic cases Dr. Miller advises the employment of sulpho-carbonate of potash, in the form of powders, in doses of ten to fifteen grains internally three times a day.

When the discharge is suspended, the treatment consists of turpentine stupes applied over the lower part of the abdomen, with the addition of warm moist cloths, or of sponges, pressed out of hot water, and applied to the external parts. In special cases, which require an antiseptic form of treatment, Dr. Miller makes use of a solution of thymol, one part to five hundred parts of water, or, better, three grains of thymol to an ounce of eau de Cologne. This mixture, which has a pleasant and rather refreshing odor, is simply sprinkled over the napkins before they are used. In severe cases, with a putrid odor, a solution of permanganate of potash, injected with Higginson's syringe, provided with a vaginal portion, is made use of; the injection of the fluid is continued till it returns unaltered in color. In all cases where the discharge is excessive, tincture of arnica is employed; the tincture is used in the proportion of one teaspoonful to a cupful of water; it acts as a mild astringent and disinfectant.—*Canada Medical Record.*

ABSTRACTS AND GLEANINGS.

NEW REMEDIES.

The following extracts are from an article by Dr. H. G. Barrow, in Chicago Medical Journal :

The Sugar of Milk.—In Dr. Talmy's new work, published in Paris, he prescribes for the diarrhoea of hot countries, from 20 to 200 grammes of sugar of milk daily. He administers it in the simplest way; the sugar is dissolved in a little water, or as a draught in the course of the day. The dose of sugar to be taken is put into a small quantity of milk, according to the habits and the digestive capacities of the patient. The treatment is spread over several months, diminishing the dose as nutrition becomes more considerable and easy; according to the published work referred to, the endemic diarrhoea of hot climates is the result of a functional lesion of the liver, which results in the diminution and even the suppression of the glycogenic function of the liver. The sugar of milk may thus replace the glucose which is wanting in the blood.

Pilocarpin.—The Druggists' Circular says: A substance has been separated from the leaves of the *pilocarpus pinnatus*, or jaborandi, that seems to possess all their virtues; it has been called *pilocarpin*. It has a semi-fluid consistence, has a yellowish color, an agreeable odor, is free from acidity, and is spoken of as an alkaloid. In doses of one-twelfth to one-fourth of a grain, it is equal to an infusion containing the strength of from five to ten grains of the leaves. It has but little effect on the heart's action, or on the temperature of the blood, nor does it act as a narcotic on the brain. Jaborandi is, in truth, a harmless but highly potent medicine, and its efficacy lies in its action as a sialagogue and diaphoretic.

Ether Spray.—In a serial known as "The American Practitioner," Dr. W. H. Griffiths reports two cases of severe post-partum hemorrhage, in which every known means had been adopted unavailingly, and to which he was called in consultation. He says, it flashed across my mind in the first case to try the effect of ether-spray, and accordingly I directed a large spray over the abdominal walls along the spine, and over the genitals; the uterus at once responded, and the cessation of the hemorrhage was almost immediate. In the second case, I lost no time in adopting a similar treatment, and with an equally successful result. The doctor further says, I have consulted several eminent obstetric practitioners in Dublin, and am informed by them that they are not aware that this treatment has been heretofore proposed. The advantages of ether-spray over the application of cold water, and the other means usually adopted in these cases must be apparent to every practitioner of midwifery.

A New Use of an Emetic.—A physician makes known to the profession, through a medical publication, a simple means of arresting

obstinate epistaxis, rebellious to all other treatment. His case, he says, resisted all the means usually resorted to for arresting such hemorrhages, mustard foot baths, cold ice to the nucha, plugging of the nasal orifices, elevation of the arms, injection of the perchloride of iron as practiced by Crequy, besides other means. If the patient be not already enfeebled, fainting spells will soon come on if the hemorrhage continues. What is to be done? A simple means has succeeded in my hands, a light emetic quickly administered, soon provokes nausea, then vomiting, and the hemorrhage is incontinently arrested.

Sulphur and Sugar.—In the convulsive cough that often precedes measles, M. Tourtual recommends sulphur and white sugar, mixed in equal parts; of which half-teaspoonful doses are to be given occasionally. This is a very safe and simple remedy, and from the high source whence emanates the prescription, and from the assurance that it is effectual in alleviating the cough, certainly it is worthy of a trial.

Damiana.—This is a new agent that has recently made its appearance; it has not existed long enough to receive a botanical appellation. Damiana is the name by which this plant is known on the western coast of Mexico, where it grows. As yet, I believe, but little is known of its medicinal properties, as its use has been somewhat limited.

Dr. J. J. Caldwell, of Baltimore, has given this new remedy a number of trials, and he thus speaks of it: "I am well satisfied, from quite an extended experience with the tincture and extract of this plant, of its powerful influence over the urino-genital organs of both sexes, as in moderate doses it increases the flow of urine, as well as the sexual appetite. The doctor reports several cases where its powerful aphrodisiac effects were obtained after the usual remedies, such as strychnia, phosphorus and electricity, had failed.

Neuralgia.—The attention of the medical profession in Paris has been called to the treatment of 'neuralgia' through the nasal passages. Mons. Raimbert made a communication to the Academy of Sciences upon the use of a mixture of powdered white sugar twenty grains, to morphine one grain, used as a snuff, which is affirmed to be effectual in the treatment of dental, sub-orbital and frontal neuralgia. It is also applicable to all kinds of headaches.

Arsenic in Consumption.—M. Montigny, French Consul in China, in reference to the use of arsenic by the Northern Chinese, says, they mingle it with their smoking tobacco. According to missionaries who have lived a long time there, tobacco free from arsenic is not sold. The same witnesses assured the Consul that the arsenic smokers were stout fellows, with lungs like blacksmith's bellows, and as rosy as cherubs. The publication of Montigny's statement called out a letter from Dr. Fonde, who announced that some years ago in the course of a discussion at the Academy of Medicine, on the agents to be employed to cure tubercular consumption, he told the assembled

doctors that he found but one successful means of combatting this dreadful disease; that means was the smoking of arsenic. The doctor re-affirms his commendation of this remedy.

The Sulphur Ferri in Suppuration.—The Boston *Journal of Commerce* reports this remarkable case. A child burned all over was recently brought into the hospital, the suppuration from the wounds so profuse, that the ward in which he lay was almost uninhabitable. He was placed in a bath containing two handfuls of sulphate of iron, the cessation of pain was almost immediate; after repeating the bath twice a day, for fifteen or twenty minutes at a time, the suppuration moderated, the foetid odor disappeared, and the patient rapidly recovered.

Carbolate of Ammonia.—Dr. Declat has lately urged with much earnestness the virtues of the carbolate of ammonia in the treatment of malignant pustule. This substance is applied first as a caustic, and then administered internally in a dose from fifteen to thirty grains in twenty-four hours. In one instance four butchers were attacked with malignant pustule, derived from infected cattle, and two were attended at home, while the other two were taken to the hospital, and placed under Dr. Declat's care, and were treated with the carbolate of ammonia, as above described. These were entirely cured in a reasonably short space of time, while the others, who were treated at home by the ordinary method, succumbed to the malady.

Puerperal Mania.—The following case was reported in the *Virginia Monthly*: Dr. Liebman attended a lady seized, on the ninth day after her confinement, with mania. The delusion assumed the character of extreme hatred of her very near friends. He ordered chloral hydrate in ten grain doses, repeated every two hours. After the exhibition of a few doses, sleep was induced, and by the next morning she was restored to reason. Except a slight nervous trouble, she entirely recovered at the end of three weeks.

Small Pox.—An Englishman of some note sent to a Liverpool paper this remarkable statement, viz: The worst case of small pox can be cured in three days, simply by the use of cream of tartar. The formula is, dissolve an ounce of cream of tartar in a pint of water, which is to be drunk cold, at intervals. The writer of this affirms that it is a certain remedy, that it has cured thousands, never leaves a mark, never causes blindness, and avoids tedious delaying. If this is a reliable statement, it is very remarkable, and certainly deserving of a trial.

Hay Fever.—Prof. Bins, of Bonn, writing on the subject of "hay fever," first calls attention to the discovery made by Helmholtz as far back as 1868, of the existence of uncommon low organisms in the nasal secretions in this complaint, and of the possibility of arresting their action by the local employment of quinine. Helmholtz having been made aware of the poisonous action of quinine upon infusoria, determined to make an experiment with that substance on the vibri-
onic bodies he had discovered in the nasal secretions of persons suffer-

ing from hay-fever, and for that purpose he employed a weak solution of quinine, which he injected into both nostrils. The result was most satisfactory, and the cure which took place in his own case, induced him to try the remedy upon two of his patients, with like satisfactory results.

Dr. Frickhofer and Prof. Busch have succeeded in curing this affection by the same method. Prof. Bins says, after due care has been taken to have quinine pure, that a tepid solution should be used, and a proper nasal syringe should be the medium through which to apply it.

SNAKE-BITE.

EDITOR MEDICAL BRIEF:—Enclosed you will find a cure for snake-bite which I have seen my father use in Alabama years ago to cure snake-bite, also spider bites. The horehound is not the tame that grows about old fields, but is the wild, that has a single stem about four feet high; the leaves grow opposite each other alternately, and resemble the tame horehound; also, has a white blossom in clusters resembling the boneset (*eupatorium perforliatum*), and grows about pine slushes.

ALMOST A CENTURY AND A-HALF.

Editor Home and Farm:—I have copied the following exactly, save the old style of f's for s. If you think it worthy a place in "Home and Farm," well and good. I can send you more from the same source.

Pactolus, Pitt Co., N. C.

MRS. J. J. R.

Introductory Letter—From the Carolina Gazette, May 9, 1749.

To the Printer: Sir—I am commanded by the commons house of assembly to send you the inclosed, which you are to print in the *Carolina Gazette* as soon as possible. It is the negro Cæsar's cure for the bite of a rattle-snake; for discovering of which the General Assembly hath thought fit to purchase his freedom, and grant him an allowance of £100 per annum during life.

I am, etc.,

JAMES IRVING.

Negro Cæsar's Cure for the Bite of a Rattle-Snake.

Take the roots of plantain or horehound (in summer roots and branches together), a sufficient quantity; bruise them in a mortar, squeeze out the juice, of which give, as soon as possible, one large spoonful. If the poison is swelling, it must be forced down the throat. This will generally cure. If the patient finds no relief in an hour after, give another spoonful, which never fails. If the roots are dried, they must be moistened with a little water. To the wound may be applied a leaf of good tobacco, moistened with rum.

The above was written by my father, Dr. F. L. Meriwether, of Daly, Houston County, Texas, just before his death, which occurred February 9, 1881. He was an eye witness to the efficiency of the remedy, and had written the above for the purpose of having it published in your journal.

J. B. Cox, M. D., *In Medical Brief.*

Expert Testimony in Toledo.—Much has been written on this subject during the past few years, and much discussion had, but until recently no one has been found who had the courage of his convictions to bring the matter to a test.

In a case recently tried in this city, *State vs. Hakeos*, indicted for the killing of one King by a pistol-shot, Drs. Biglow and Brigham attended the wounded man, and after his death made the post mortem examination for the Coroner. Being subpoenaed as witnesses for the State, they gave testimony to all things of which they had knowledge, but being interrogated as to what, in their opinion, was the cause of death, they asked to be excused on the ground that this was expert testimony, and that they had not been paid, nor were to be paid as expert witnesses. The following is the account of the proceedings as reported stenographically in the *Telegram* of Dec. 4. The witness is Dr. Brigham, but the facts are equally applicable to Dr. Bigelow, who was on the stand the previous day:

Mr. Ford—Doctor, from your observations at the office and at the house, and from your previous medical experience, what is your opinion of the cause of the death of this man King?

Witness—That is a question I do not see that I must answer.

Mr. Ford—What are your grounds for wishing to be excused?

Witness—Well, it is an opinion that demands a good deal of consideration.

Mr. Ford—You got paid by the county for making a post mortem examination, did you not?

Witness—I haven't got the pay yet. (Laughter.)

Mr. Kennedy—If we are entitled to an answer, we'd like to have it in the present case and at the present time.

The Court (Judge House)—We are now asking what was the cause of the death of this man. Now the truth is, all the facts have been given in the case that came under the witness's general attention. You now want to ask him of his opinion. Suppose he were to state his wound were not the cause of the death of the boy, would any one believe him? Now this matter is for the jury to determine. They have the facts before them. The question is one that may be asked, and it is a legal question. But it is calling upon these gentlemen for their opinion, which is the result of money and study and deep thought for many years, and asking them to do all this for a mere pittance of seventy-five cents a day. It is wrong, there is no question about it. Practically, they are right. The law has not provided for this thing, it is a *casus omissus*; it is a thing which, if the attention of the Legislature had been directed, would have been provided for, because it is just and right. There is no more right in calling upon these medical gentlemen for their years of labor and study and expense, than there would be to call upon a lawyer. Now suppose a man has an important matter on which he wants advice, and takes it to one of the lawyers here, and says: "I want your legal opinion;" is there any respectable lawyer who would consent to look after this matter without charging for giving his opinion? Well, now, it is precisely that sort of opinion that our medical men are called upon to give. They are entitled to fair and respectable compensation for that opinion, and they ought not to be compelled, in my view, to give the

result of their observation and thought, and when it comes from all these years of labor. I therefore will not force that question unless witness sees fit voluntarily to answer it. In this instance the power of the law might be used, but it would be to do what is substantially wrong, asking from a man a thing that is valuable and that there is no compensation for. I will therefore leave the matter, so far as opinion is concerned, with them.

Mr. Kennedy—We have no objection to the doctor being paid for his evidence.

The Court—Neither the prosecution nor the court have any power over the public treasury.

Mr. Kennedy—It is a question we have a right to demand an answer to, and a right to ask.

The Court—It is a question you have a right to ask; but I will not use the arm of the law, under the circumstances, to compel an answer to it.

Mr. Ford—I wish to say a word on this point.

Of course this is an important matter as far as the administration of public justice and law is concerned. Mr. Kennedy and myself are simply agents of the State in this case, and have to discharge a duty toward the public, and deeming this an essential ingredient to make out this case, we feel we cannot discharge our duty to the public without insisting on an answer to this question. And I would have it understood that if the case fails, and if justice is not done, the responsibility rests, not upon us, but upon the decision made by the court.

The Court—You are simply doing your duty, gentlemen, in asking the question, and it is a proper question; but I will not compel an answer by using the arm of the law in the case until such action as the Legislature may see fit to take in the matter.

It will thus appear that the witnesses owed their immunity from committal for contempt to the leniency of the court, who, in our judgment, took the only rational and just view of the question. It is true that, in all probability, the opinions of these witnesses as to the cause of the death could have had no weight with the jury. It does not require a professional or scientific dictum to make it apparent that a pistol bullet which perforates a man's abdomen from back to front and spills the contents of the intestines into the peritoneum, is the cause of that man's death. The fact that his assailant was promptly found guilty by the jury, is conclusive on that point. How far the judge's desire for fair dealing might have carried him if the case had really required such elucidation as only expert testimony can furnish, remains an open question. At all events, the principle, as expounded by the honorable court, is a just one, and we wish to express our indebtedness to Drs. Bigelow and Brigham for its education.—*New Orleans Medical and Surgical Journal*.

Parke, Davis & Co., of Detroit, Michigan, in an article to the *College and Chemical Record*, make a liberal proposition relative to the testing of new drugs. They say that the unsupported testimony of the most careful and conscientious scientific investigation cannot be accepted as conclusive evidence; but the accumulated results of the

extended experience of many competent observers is the only safe criterion to guide the physician in the treatment of the sick. If the profession had waited for an accumulation of this kind, however, before employing new drugs, the properties of rhubarb, cinchona and opium would never have been known. It should be the purpose, therefore, of trade, as well as science, to do all in her power to facilitate experimentation for the purpose of clearing up all representation regarding new drugs, and coining it, as far as possible, into a definite scientific literature! With this intent we have adopted the following plan, suggested by Dr. Stewart, and recognizing the benefit its adoption must be to trade by increasing the demand for new drugs, we offer our aid to the profession in carrying it out.

The plan suggested is to treat the patients in the numerous hospitals and dispensaries throughout the country with drugs which have proved themselves of value, and report the results to the medical press. The collection of these reports would furnish, in a short time, as much material as was procured by older methods in a century, and from them could soon be compiled a valuable literature. Though these reports benefit us only directly, and to the extent that we are identified in the introduction of the drugs or its sale, we offer to the hospitals, gratuitously, drugs for this test, and we do not even request that our names shall be used in the journals in connection with the work.

And, finally, it is to be hoped that the medical profession will give us credit for the integrity of our motives in the introduction of new remedies from the platform on which we stand, and because of the methods which we have adopted.

Ethylate of Sodium in the Treatment of Nævus.—In the *London Lancet*, Dr. Richardson reports a number of cases of nævi removed with this agent. We extract two of the cases:—The first was an instance of the common form of nævus on the scalp in an infant three months old. After perfect recovery from vaccination, the treatment commenced in the usual way by the application of ethylate over the growth, by the means of the glass-rod. The nævus was small, not larger than a fair-sized hazel nut. The first application caused a dense scale to form, which was loose and removable on the fifth day. The ethylate was then re-applied, and five days later, when the new scale was removed, the nævus was reduced to the size of a small bean. It remained in this state during three further applications of the ethylate, being much longer under treatment than I had expected after the second application. On the seventh application it was nearly removed, and one additional touch a fortnight later completely removed it. No constitutional symptoms interfered with the course of the treatment, and no scar remained.

In the next example the treatment was almost identical, both in respect to mode and to result; but as the patient was very restive and screamed extremely when the ethylate was applied, advantage was taken to make the application when the infant was in deep sleep. The plan succeeded so well that I ventured to suggest its general adoption in young children whenever the nævus is in a situation where it can be easily got at, and whenever an intelligent nurse or parent

can be taught to make use of the solution in a safe and efficient manner. In the case in question the nævus was quite removed in the course of six weeks, and it can scarcely be said that any pain at all was inflicted. No scar has been left.

Typhoid Fever.—Dr. Bristowe considers the treatment of enteric fever under four heads: 1. Diet; 2. Medicine; 3. Alcohol; 4. Baths; and in concluding his paper says: "Let me state briefly the treatment to which I should like to be subjected if ever, unfortunately, I should become affected with enteric fever. I should like to be placed in a cool, well-ventilated room, and covered lightly with bedclothes; to have a skillful and attentive nurse to look after me; to be fed solely with cold milk, unless vomiting should demand the addition to the milk of medicine calculated to allay vomiting. If diarrhœa became troublesome, or ever there was much pain or tenderness in the cœcal rings and in the bowels, I should like to be treated, not with laxatives, but with opium, given either by the mouth or the rectum. If constipation were present, I should, excepting in the first week, like to have enemata only for its relief. In the event of intestinal hæmorrhage coming on, I should like to have ice to suck or ice-cold fluids to drink, cold compresses to the belly, and cold injections into the bowels; and, though I am skeptical as to their efficacy, I should still choose to have astringents, and more especially lead, given to me at short intervals. If perforation should take place, let me have large and repeated doses of opium. Stimulants I should prefer to be without early in the disease; later, however, and during convalescence, I should like to have them in moderation. As to the cold baths, I would rather not have them; but I would, nevertheless, leave it to my physician to exercise his discretion in the matter. I would leave it also for him to decide, according to circumstances, whether alcohol should be administered to me in large quantities. I should prefer not to be treated at a temperance hospital."—*Buffalo Medical Journal*.

Coca in the Opium and Alcohol Habits.—Dr. H. F. Stim-mell, Chattanooga, Tenn., in *Therapeutic Gazette*, says:

Having put the fluid extract of coca (coca erythroxyton) to a very severe test, I am prepared to give you the result of my experience. To say that I am surprised or astonished at the wonderful, and almost incredible effects of that new remedy as a nervous stimulant would not adequately express my appreciation of it. I will report a case:

1. Mr. X. Y. had been addicted to the habit of taking morph. sulph. for about five years, commencing with one-eighth gr., for lumbago, changing it from internal to external application (hypodermically over lumbar region), and gradually increasing the quantity until he reached the enormous dose of twenty-five grs. as a maximum, three to four times a day. His nervous depression became so great that he could not hold his pen, or button his shirt, or handle knife and fork at breakfast, without taking his usual dose directly after rising. He suffered from all the consequences of the drug. His mind became deranged, and he even attempted the life of his wife and children, after which, believing he had succeeded, he swallowed

one drachm of morphine, followed by a five-ounce dose of paregoric with suicidal intent. I was called sometime after but found him suffering scarcely any from the effects of the drug, and the only treatment consisted in keeping him in motion. After his complete recovery I talked freely with him regarding his infirmity, and promised to cure him if he would pledge himself to buy all of his morphine from me, thus enabling me to control his doses. I started him with the allowance of three twenty-grain doses of morphine to be taken with a drachm of coca. In a week his morphine allowance had decreased to ten grs. a day and his dose of coca increased to one-half ounce, and now, three weeks after commencing this treatment, the morphine has been entirely suspended. Yesterday his wife came to my store handing me a package of powders of morph. sulph., labeled and dated by me for her husband, in which I had confirmatory evidence of his assertion of abstinence.

Chlorate of Potassium.—Dr. Landesberg, in *Medical Bulletin*, draws attention to the use of chlorate of potassium in cancrroid affections. As a topical remedy in carcinoma, it was first tried by Tedeschi, as early as 1847, with such marked effect that his procedure soon found enthusiastic supporters, especially among the French profession. The communication of Bergeron, Milon, and Blondeau in the *Union Médicale*, of 1865, No. 154, gave full credit to the efficacy of chlorate of potassium in the treatment of cancrroid. Their method consisted in applying to the ulcerated surface either a four per. cent. or a concentrated solution of the drug. In a case of scirrhus of the nose, in a woman of 84 years, Bergeron observed a perfect cure, after a treatment of four months. The cicatrization started from the edges of the ulcer; the latter healed entirely, leaving flat, white, solid cicatrix. A year later, Debout published in the *Bulletin de Therap.* lxvi., January 15, 1864, the remarkable results of his experience, with the use of chlorate of potassium, in cancrroid affections, which were fully corroborated by the subsequent publications of Leblanc, Cooke, Charcot, Delpech, and Michon. The local application of chlorate of potassium was combined by Charcot with the internal use of the drug, in daily doses of 30 grains.

Anthraxæmia—Wool-Sorters' Disease.—Dr. W. R. Blackwood, of Philadelphia, contributes to the Philadelphia Medical Times, an interesting paper on this disease, which has attracted especial attention in England. A committee appointed from the Bradford Medico-Chirurgical Society reported the result of four typical cases, with the results of *post-mortems*. They seem to leave no doubt of the fact that this affection is due to blood-poisoning by the so-called bacillus anthracis, a low form of bacteria, presumably contaminating the wool, and which gains entrance to the blood of those affected through the likeliest channels—the lungs or stomach. The symptoms so far recognized are violent cephalalgia—often unilateral—fever, intensifying in its progress, severe pleuritic pain, crepitant inspiratory rales, and finally profuse diarrhoea. The differential diagnosis between anthraxæmia and typhoid fever is clear, and ordinary care only is requisite to distinguish them. Cases have been complicated with malignant

pustules from inoculation by scratching pimples or abrasions, especially about the face, and in such instances the neighboring lymphatics have become greatly enlarged. The prognosis is bad, and treatment is as yet apparently unsettled. *Post-mortem* investigations show softening of the bronchial glands, and accumulations of fluid in the pleural and peritoneal cavities. The intestines, beyond injection and low inflammatory signs, give no evidence. The glands of Peyer are not softened or ulcerated. Bacillus is abundant in the fluids of the closed cavities, in the viscera and in the blood. Inoculation of blood containing this form of bacteria in the lower animal, as tested in the mouse, rabbit and guinea-pig, produces the disease, death supervening in from thirty-six to seventy-two hours. Decomposition is rapid, especially at the site of puncture in the case of inoculation. Dr. Blackwood reports two typical cases, occurring in his practice recently.—*Va. Med. Monthly.*

Bi-Meconate of Morphia.—Dr. T. B. Curtis, in Boston Medical Journal, called the attention of the Boston Society for Medical Improvement to this preparation of morphia, which he believed to possess advantages rendering it superior, for certain exceptional cases, to all other opiates. Morphia, in its natural condition in the poppy, is combined with meconic acid.

The bi-meconate was introduced by Squire, 1839, in the form of a solution of bi-meconate of morphia, which was said to be of the same strength as laudanum, and to possess in an eminent degree the sedative powers of morphia, but having this superiority, that it disturbed the head, bowels and stomach less than any other preparation of opium. For hypodermic use, the solution, according to Squire, could be evaporated to one-twentieth of its bulk, so that three minims were equal in power to a half-grain of acetate of morphia. In prescribing this salt, it should be borne in mind that it contains only half as much morphia as an equal weight of the sulphate. To obtain similar effects to those of the sulphate, therefore, a double dose must be given.

Dr. Curtis had recently met with three patients, who were inconvenienced in various ways by opiates to such a degree that, although suffering much pain and distress, they were debarred from using these means of relief. One was an elderly lady, who had for some weeks been affected with protracted hepatic colic and jaundice, due to gall-stones, and followed by severe hepatic pain and nausea. Opium and morphia caused intolerable nausea and vomiting; but the bi-meconate was taken in fair doses, with little or no inconvenience, and was productive of much relief and benefit.

Digitalis in Scarlet Fever.—Regarding the treatment of this common disease, Dr. William B. Atkinson, of Philadelphia, writes in Medical and Surgical Reporter: In my own experience, no single remedy has given me such good and such constant results as digitalis. About the year 1858, Dr. Lewis P. Gebhard read a paper before one of our medical societies, very strongly advocating the use of this article in all forms of this disease, and claiming for it the character of a specific. His method was to put one drachm of the powdered leaves of digitalis to twelve tablespoonfuls of boiling water, and, when the in-

fusion had cooled, to give it in teaspoonful doses every hour, according to the age of the child and gravity of the symptoms. Since that time, I have used it in a large number of cases, and with the best results. I generally order it prepared in the same way, and direct the nurse to give it in teaspoonful doses every hour or two, until the pulse and temperature are positively reduced; and then to lengthen the interval so as to maintain the effect thus obtained. I believe that I have almost invariably observed the symptoms to moderate within from twelve to twenty-four hours, and I feel confident that while I have never in a single instance known any of the so-called poisonous effects of the remedy to follow, I have also failed to see the usual dangerous sequelæ in many cases, and only slightly in any.

The Treatment of Itch.—A writer from Paris says that at present itch is cured in one hour and a half, at the St. Louis Hospital. The first half-hour the patient, absolutely nude, rubs himself from head, or rather neck, to foot, with soft-soap. The second half-hour he is put into a tepid bath, where he continues the soft-soap frictions. The third half-hour he rubs his body with Helmerich's sulpho-alkaline ointment. He puts on his clothes without washing off the ointment, so as to keep it in contact with the surface for twenty-four hours. While the patient is treating himself, his clothes are purified in a specially constructed stove, at a temperature of 120° , and exposed to sulphur vapor. Four thousand itch patients are treated here annually.

The hospital treatment is a rough one, and sometimes causes attacks of eczema. It may be mitigated thus: toilet soap is substituted for soft-soap, and Hardy's modification of Helmerich's ointment used, lard one hundred parts, sulphur sixteen parts, bicarbonate of potash eight parts, by weight. The patient should have his sheets and all under-linen changed immediately.—*Medical and Surgical Reporter*.

Asthma.—In attempting to treat the diseased condition, the underlying cause should be sought. If there are evidences of malaria, large doses of quinine will be of service. If it is thought to be pollen from certain plants, a change of climate will be the surest mode of relief. If the cause is one without assignable cause, it is always well to try such remedies as iron, quinine, arsenic, and iodide of potassium, and other tonic and alterant remedies. Perhaps it is safe to say that no remedies give more uniform satisfaction than iodide of potassium and muriate of ammonia. These agents tend to promote the bronchial secretions, and patients find that as soon as the secretions are increased and expectoration established they are relieved. Hence I shall direct for this woman the following combination:

R Ammonii chloridi.....	10 grains.
Potassii iodidi.....	8 grains.
Syrupi zingiberis	1 f. drachm.
Aqu.....	q. s.

M. Sig. For one dose, to be taken four times daily.

After two weeks the patient returned and reported that she has been entirely free from paroxysms since taking the above.—*Extracted from Clinical Lecture in Phil. Medical Bulletin*.

Atropia for Vomiting in Pregnancy.—J. W. Wade, M. D. (*in Medical Brief*) says: In vomiting in pregnancy I have been baffled in every remedy I could adopt except one, the sulph. atropia, hypodermically, one-sixteenth of a grain to one-half drachm of pure water in the arm, and belladon. oint. U. S. P. to the os uteri. For rigidity of os uteri this application of belladon. oint. with glycerine on a ball of cotton wool pressed against the os and kept there during six hours of the twenty-four, syringe well with warm water and castile soap and apply cosmoline or vaseline freely between applications of belladon. oint. I have usually succeeded. I have failed with oxalate cerium, bismuth and even champagne wine and ice, all of which are recommended and sometimes seem to relieve in vomiting in pregnancy, but atropia beats all.

Corpulency Reduced by Diet.—Dr. O. B. Campbell, Ovid, Mich., (*Physician and Surgeon*, January, 1881,) was consulted by a man weighing 304¼ pounds, concerning pain in the limbs and embarrassed respiration. The limbs were swollen, and pitted deeply upon pressure. There was a slight varicosity, and the urine contained traces of sugar. His normal weight was 180 pounds. Had taken various anti-fat preparations, and gained flesh all the time. By a diet of gluten bread, beef, eggs, tea and coffee without sugar, a minimum quantity of food and a saline cathartic at night, the weight was reduced to 290 pounds in seven days, and to 260 pounds in the first three months. He believes this case to exceed any previously reported in rapidity of reduction. The diet was recommended by the *Physician and Surgeon*, July, 1879.—*Medical Tribune*.

Atropia for Hysteria.—Dr. Leman, in *Medical Bulletin*, has found the hypodermic use of atropia effectual in the convulsions of hysteria:

The exact nature of hysteria has not been clearly made out. The tendency seems to be to give it a location in the nerve centres. Dr. H. C. Wood says "that many of the phenomena of hysteria are phenomena of inhibition, or lack of it." Rosenthal says "we must attribute a large part of the symptoms of hysteria to a congenital or acquired want of resistance on the part of the vaso-motor nervous system; that the disturbance of the brain must be attributed to reflex spasm of the cerebral arteries, and to the consequent cerebral anæsthesia." Dose one-twentieth to one-fortieth grain.

Azotite of Ethyl.—M. E. Peyrusson has published a remarkable paper on the use of this medicine as a prophylactic in pestilential and contagious diseases, and to purify contaminated localities. Azotite of ethyl in vapor possesses all the physical and chemical properties to attack all morbid products in the atmosphere. Its action is analogous to ozone, but more active in its effect by reason of the great variety of products it has to meet. It is no more unpleasant than ozone in odor, nor irritating in its action upon the tissues, and whilst it is impossible to use the latter practically, the azotite of ethyl can be used night and morning, placing some few grammes in a flagon in an impure room.—*Therapeutic Gazette*.

Action of Bromide Potassium.—Maragliano has found, by employing the method of cranial thermometry, that bromide of potassium, in doses of thirty to fifty grains, contrary to the usual theories of its action, causes a rise of temperature, at least on the outside of the cranium. This rise amounts on the average to about one degree centigrade; it reaches its acme in about an hour and a half and declines again in two or three hours. Simultaneously with this there appears a slight rise of two or three-tenths of a degree in the axilla. It is of course open to question, especially after the publication of Franck's researches, whether the temperature or the changes of temperature on the external surface of the head, represent approximately similar conditions of the brain or not. There does, however, seem to be some clinical evidence that there is a connection between external cranial temperature and intra-cranial changes, and if this rise following the ingestion of bromides really means an increase of cerebral circulation, then a popular theory of the action will have to be given up.—*Chicago Medical Review*, January 5th.

Quinia from Coal Tar.—Professor J. M. Maisch (*Amer. Journal of Pharmacy*, April, 1881, p. 176) states that the New York *Commercial Bulletin* notices a report current in that city that a Liberty street firm had applied for a patent for a process to manufacture quinia from coal tar. The firm has been interested with a chemist to accomplish this result for several years. Our readers have been kept informed of the results obtained by Skraup, Koenigs, Hess and others, in their endeavor to determine the exact composition of the cinchona alkaloids, which, when once known, will doubtless lead to their synthetical production. Of its importance there can be no doubt, when it is remembered that in 1879 \$2,000,000 worth of cinchona bark was imported, most of which has, doubtless, been used in the manufacture of this indispensable alkaloid.—*Col. and Clin. Record*.

Treatment for Rheumatism.—Dr. Cutter (*in Medical Brief*) says: With your permission I would like to call the attention of my professional brethren to the use of the fl. ext. of manaca in the treatment of rheumatism, both acute and chronic. I have used this drug in the treatment of a number of cases, and have never failed to give prompt relief. I prescribe it in ten drop doses three times a day before meals, for three or four days, then increase the dose to twenty drops. This I continue for three days. After all symptoms leave under this treatment, the pain and swelling subside rapidly. I never find it necessary to administer any remedy for the reduction of the fever.

Membranous Croup—Dr. S. S. Green, of *Buffalo Medical Journal*, on the treatment of membranous croup by the local use of perchloride of iron, reports the histories of seven cases, in which a concentrated solution of this salt had been thrown, in an atomized form, into the larynx, and, of the number, there were two deaths with five recoveries.

SCIENTIFIC ITEMS.

The Snake-Stones of Ceylon.—The following notes are taken principally from Sir Emerson Tennent's work on Ceylon, partly also from Wood's "Natural History."

The use of the Pamboo-kaloo, or snake-stone, as a remedy in cases of wounds by venomous serpents, has probably been communicated to the Cinghalese by the itinerant snake-charmers who resort to the island from the coast of Coromandel; and more than one well-authenticated instance of its successful application has been told to Sir E. Tennent by eye-witnesses.

On one occasion, in March, 1854, some civil officers of the government were riding along a jungle path in the vicinity of Bientenne, when they saw one of two Tamils, who were approaching them, suddenly dart into the forest and return, holding in both hands a cobra de capello, which he had seized by the head and tail. He called to his companion for assistance to place it in their covered basket, but, in doing this, he handled it so inexpertly, that it seized him by the finger, and retained its hold for a few seconds, as if unable to retract its fangs. The blood flowed, and intense pain appeared to follow almost immediately; but, with all expedition, the friend of the sufferer undid his waistcloth and took from it two snake-stones, each of the size of a small almond, intensely black, and highly polished, though of an extremely light substance. These he applied, one to each wound inflicted by the teeth of the serpent. The stones attached themselves closely, the blood oozing from the bites being rapidly imbibed by the porous texture of the article applied. They adhered tenaciously for three or four minutes, the wounded man's companion in the meanwhile rubbing his arm downward from the shoulder toward the fingers. At length the snake-stones dropped off of their own accord, the suffering of the man appeared to have subsided, he twisted his fingers until the joints cracked (whether as part of the cure or in bravado Tennent does not say), and went on his way without concern.

One of these stones was sent for analysis to Professor Faraday, who pronounced it to be made of charred bone, and in all probability to have been filled with blood, and again charred. Evidence of this is afforded, as well by the apertures of cells and breaks under pressure, and exhibits an organic structure within.

Another light has been thrown on the subject by Mr. R. W. H. Hardy, who states that the snake-stone is in use in Mexico, and that it is formed by cutting a piece of stag's horn into the proper shape, wrapping it lightly in grass or hay, folding it in sheet copper so as to exclude the air, and calcining it in a charcoal fire.

Submarine Cables.—The first cost of submarine cables is heavy, and they last, on the average, only ten or twelve years. If a cable

breaks in deep water after it is ten years old, it cannot be lifted for repairs, as it is liable to break of its own weight. The action of the sea water gradually destroys the outer coating of iron wire, though the core of the cable may remain perfect. The companies are consequently compelled to put aside a large share of their earnings as a reserved fund for this decennial renewing of the cables.

The repairs of these submarine lines are also very costly. A ship has to be chartered at an expense of some five hundred dollars a day; and it generally takes several weeks to find the locality of the break and to mend it, which can be done only in favorable weather. A single break has sometimes cost a hundred thousand dollars.

Still, this branch of telegraphy is profitable, and new lines are constantly being laid. There are six wires connecting this country with Great Britain and France, and it is announced that two more will soon be added.—*Journal of Chemistry*.

Cold Weather and Health.—In his late report as registrar of Providence, Dr. Snow remarks: "There is a popular error, which we often hear spoken of in the winter season, that clear, cold weather is favorable to the public health. The truth is that *in this climate* severe cold weather, if continued more than two or three days, increases the number of deaths as certainly as continued hot weather, though in a different manner. Severe cold depresses the vital forces, and exposure to it produces fatal results among those persons, or classes of persons, whose vital force is weakened by any cause. Such persons are the aged and the very young, and also all who are sick or debilitated from any other cause. Besides this, severe cold is no preventive of, but on the contrary is favorable to, the spread of some of our most fatal diseases, as small-pox, diphtheria, and scarletina. This is shown at the present time in Brooklyn, New York, Philadelphia, Chicago, and other places.—*Ibid*.

A New Test of Intelligence.—The Parisian scientist, Dr. Delaunay, has made the curious discovery that, to ascertain the qualities of a cook, it is sufficient to give her a plate to clean, or sauce to make, and watch how she moves her hand in either act. If she move it from left to right, or in the direction of the hands of a watch, you may trust her; if the other way, she is certain to be stupid and incapable. Similarly, the intelligence of people may be gauged by asking them to make a circle on paper with a pencil, and noting in which direction the hand is moved. The good students, in a mathematical class, draw circles from left to right. The inferiority of the softer sex (as well as of male dunces) is shown by their drawing from right to left; asylum patients and children do the same. In a word, *centrifugal* movements are a characteristic of intelligence and higher development; *centripetal* are a mark of incomplete evolution. A person, as his faculties are developed, may come to draw circles the opposite way to what he did in youth. Dr. Delaunay has some further extraordinary conclusions as to the relative positions of races in the scale of development from the way they wind their watches and make their screws.—*Ibid*.

PRACTICAL NOTES AND FORMULÆ.

Unknown Eruptive Diseases.—Dr. J. S. Knott, of Texas, writes: We have had in our town and vicinity, an eruptive disease resembling measles. Some of the cases have huskiness of voice, suffusion of the eyes, etc., and many of the persons so afflicted had measles when young. Two infants under my care had same eruption, who had no opportunity to get the disease from other persons. I will advise you of one case in particular, and give you my treatment, and let you name the disease for me. My medical friends in town claim it measles, but I can't think so of the cases under my care; it is I believe admitted by nearly all writers (medical) that persons have been known to have measles twice, but very seldom. In one family in town, all the children in the family except one, born in Texas, had measles in Tennessee, and when this disease came among us, those in that particular family that had measles previously, were the first to break out with this affection.

A Case in Point.—I was called about dark to see Mrs. C., *enciente*; found pulse quick, skin hot, vomiting almost incessantly; she had kept nothing on the stomach for a day or two. Her husband claimed to be something of a doctor himself—told me he could not quiet the stomach by using any means. She had eaten nothing; no appetite for two or three days. My prescription which I made at once, was eng. calomel, nit. bismuth, with small portion morphine sulph. I gave her first dose at 8 o'clock, placed it on the tongue dry, and with swallow of water was taken without any trouble. She rested quietly until near the time to take second dose same as first, when I had her taken off the bed and given a good hip bath, when the other powder was taken. She expressed herself much better the following morning, got a good action from the liver and she was well. That was the only medicine I gave her except two or three small doses of bismuth, which we had no occasion to use after the bowels moved. I also used tinct. val. and bromide to procure rest, but she never vomited after taking first dose calomel. In two or three days she was up, and her husband had almost despaired of her living at all. Now is it measles? If so I never knew before that two doses calomel would cure measles at once.

I will further state Mrs. C. had sore throat in connection with the eruption, and her child two years old was similarly affected, or had same symptoms, and I also gave her a mercurial course same night, and the child never had the eruption at all.

[In the cases above referred to the symptoms are not given in sufficient detail or accuracy to enable us to name the disease of which our friend writes, but so far as we can form an opinion from what he has written, we think the disease is *Rotheln*—a form of eruption resembling measles, though milder in character, and as the throat is not unfrequently affected, may be mistaken for scarlatina. Catarrhal symptoms are generally absent, but should a cold chance to co-exist the likeness to measles is very strong. The disease, however, usually

terminates about the time that measles is at its height (4th or 5th day). The systemic disturbance is usually much less than measles, and the temperature never high unless there be some complication to aggravate the case. It usually prevails epidemically, and if contagious at all only moderately so.—ED. W.]

Diphtheria.—Dr. R. S. Forehand, of Georgia, suggests the following treatment for diphtheria: Irritate the throat from ear to ear with croton oil, and then make a mouth-wash or gargle for the throat, 20 drops of creasote to 5 ounces of good apple vinegar, mix and shake well. Wash the mouth and gargle the throat every three or four hours. If secretions have been swallowed, give castor oil to open bowels, or give an emetic of ipecac. Do not use milk for diet, but use wine freely. When convalescent give tincture of iron for a few days as a tonic.

Startin's Mixture.—A wonderfully valuable combination of sulphur is that known as "Startin's Mixture:"

R	Magnes. sulph.....	℥j,	32.00 Gm.
	Ferri sulph.....	℥j,	4.00 "
	Acid sulph. dil.....	℥ij,	8.00 "
	Tinct. gentian.....	℥j,	32.00 "
	Aque.....	℥ij	96.00 "

M. Sig. One ounce (thirty-two grams) dose after meals.

This is very potent in reducing cutaneous congestion in such conditions as erythema multiforme, erythematous eczema, and urticaria.—*Canada Lancet.*

Gold Medal Cologne.—

Oil of bergamot.....	7 parts.
Oil of citron, [cedrat].....	17 "
Oil of neroli, petale.....	10 "
Oil of neroli, bigarade.....	3-5 "
Oil of rosemary.....	7 "
Wine alcohol	3000 "

The wine alcohol may be replaced with the spirit known here as Cologne alcohol.—*Chemist and Druggist.*

Dabell's Purgative Tincture.—

R	Res. podophylli.....	gr. ij.
	Essentiæ zingiber.....	℥j.
	Spts. vin. rectif.....	℥j.


M. S. One drachm at night when lying down every two or three nights. Podophyllin is claimed to act mildly.—*Gillard's Med. Journal.*

Remedies for Poison Oak Eruptions.—Sulphate of soda, two drachms, chloral hydrate, one drachm, water, one pint. Mix. Use as a wash. It relieves in a very few hours.—*Eclectic Medical Journal.*

Sweet oil, 1 ounce; carbolic acid, 15 drops; ammonia, 10 drops. Mix. Apply freely to the affected parts. There will be no sign of the eruption in 48 hours.—*Ibid.*



EDITORIALS AND MISCELLANEOUS.

 Subscribers are earnestly requested to remit their dues.

EDITORIAL NOTICES.

THE Medical Society of North Carolina meets at Ashville on Tuesday, May 31st.

DR. J. B. UNDERWOOD, an old and respected physician, died recently at his home in Cave Springs, Ga.

DR. CHAS. MAGILL, an eminent physician of Richmond, Virginia, died May 5th, 1881, aged 75 years.

Plague.—Reports from Turkey state that the plague is prevailing with awful and increasing severity at Bagdad.

Dr. Ray Dead.—Dr. Isaac Ray, of Philadelphia, a distinguished writer and physician, died March 31st, 1881, aged 75 years.

Illustrated Scientific News.—We are well pleased with the Illustrated Scientific News, a monthly published by Munn & Co., New York. Terms, \$1.50 per annum.

Death from Vaccination.—Twelve deaths are reported in New York during last summer from vaccination—from erysipelas in most cases, resulting from impure matter.

DR. COWLING, Editor of Louisville Medical News and Professor of Surgery in Louisville Medical College, died of a rheumatic affection, on April 2d, 1881, aged 42 years.

Tennessee State Medical Society.—The late meeting of the Tennessee State Medical Society was very poorly attended, caused, we are told, by division or dissension in that body.

Doctors Take Notice that the property advertised by J. A. Ansley, in this Journal, is a bargain and a rare chance to obtain a cheap home in a city which is rapidly growing, and where, in a few years, such property will be double its present price.

Southern Medical College.—The prospects of this new institution are very flattering. The arrangements for the hospital in connection with the Institute are progressing favorably, and other facilities are being provided for imparting medical information second to no school in the country. Southern students need not now go North to obtain a medical education, and Northern students, especially those who have reason to prefer a mild climate in which to pursue their studies, will do well to take lectures at the Southern Medical College.

THE Association of Medical Editors recently held in Richmond, elected the following gentlemen as officers for the ensuing year: L. B. Edwards, M. D., of Virginia, President; Ralph Wallace, M. D., of D. C., Vice-President, and Dr. D. S. Reynolds, of Kentucky, Secretary.

OUR thanks returned for a sample of *Rogers' Bird's Eye-Views*, containing, on a sheet not larger than an ordinary newspaper—Rules for spelling and punctuating; using capitals; letter writing; spelling of 25,000 words, 20,000 synonyms, etc. A very useful and valuable sheet to everybody. Send 25 cents to L. H. Rogers, publisher, New York city.

Tannerism.—A lady in Iowa City—Miss Hattie Duell, voluntarily abstained from food for forty-seven days and died from inanition on the 10th inst. It was a deliberate and most remarkable suicide. Her symptoms very much resembled those experienced by Dr. Tanner. In the latter case it was supposed that the will-power of the man greatly contributed to the maintenance of life, but in the case of Miss Duell there was a desire for death; by which it is shown that the natural powers of life will suffice to keep up the body for forty-seven days at least.

MEDICAL ASSOCIATION OF GEORGIA.

The Medical Association of Georgia convened in Thomasville on the 20th of April last, and, in the absence of the President—the venerable Dr. Joseph A. Eve—was called to order by the Second Vice-President, Dr. B. R. Doster.

The address of welcome was delivered by Dr. T. S. Hopkins, and responded to, in behalf of the Association, by Dr. W. F. Holt, of Macon.

The President elect, Dr. J. C. LeHardy, then took the chair and proceeded to deliver the annual address.

He faithfully reviewed the history of the Association, and deplored the lack, on the part of the profession of the State, of that earnest support to which the organization is entitled and ought to receive at the hands of its members, and at the hands of physicians who are not members of the body.

Among other suggestions he proposed the re-establishment of the committee on prize essays. He had, by his own efforts, raised about one hundred dollars to be devoted to this purpose if a committee should be appointed. This able address will be printed in full in the forthcoming volume of transactions.

The committee to whom the address was referred subsequently reported in favor of the committee on prize essays, which report was adopted by the Association, and the committee was appointed.

Dr. James B. Baird resigned the office of Secretary, which he has filled for the last four years with great faithfulness and ability.

A number of papers were presented during the meeting, and referred to the committee on publication.

A statement was made by Dr. W. H. Hall, member of the Board of Trustees of the State Lunatic Asylum, in reference to the condition of

that institution. He urged the necessity for increased room and a more liberal appropriation. The views of Dr. Hall were forcibly indorsed by Dr. Thos. H. Kenan, one of the resident physicians at the asylum.

The question was referred to a committee consisting of Drs. W. H. Hall, Jas. B. Baird and B. R. Doster, with instructions to lay the facts and the necessity for action before the next Legislature.

A bill entitled "An act to establish a Medical Board, to prescribe its purposes, powers and duties, and to regulate and improve the practice of medicine in the State of Georgia, and to provide a penalty for the infringement of the same," was indorsed, and a committee was appointed to urge upon the next Legislature the importance of its passage. We cannot, at this writing, speak advisedly upon this bill, not having seen or heard the details thereof, but as there is already a law of the kind in force in our State, such action would seem to be unnecessary.

Twelve or fifteen new members were added to the roll of membership.

The following officers were elected:

PRESIDENT—Dr. W. F. Holt, Macon.

FIRST VICE-PRESIDENT—Dr. Eugene Foster, Augusta.

SECOND VICE-PRESIDENT—Dr. T. H. McIntosh, Thomasville.

SECRETARY—Dr. A. Sibley Campbell, Augusta.

TREASURER—Dr. K. P. Moore, Forsyth.

CENSOR—Dr. R. J. Nunn, Savannah.

ORATOR—Dr. J. R. Duggan, Macon.

Atlanta was selected as the next place of meeting, which is appointed for the third Wednesday in April, 1882.

A vote of hearty thanks for the kind and courteous attentions bestowed upon the visiting members was enthusiastically passed, and the session was adjourned.

The Association was elegantly entertained by the hospitable people of Thomasville. A sumptuous banquet and a grand ball were given in its honor, so that the social, no less than the scientific features of the reunion were a decided and pleasing success.

AMERICAN MEDICAL ASSOCIATION.

The Association assembled in Richmond, Va., on the 3d inst., at Mozart Hall. The address of welcome was made by his Excellency, Governor Holliday, of the State of Virginia. His address was brief, but cordial and complimentary, containing the following utterance: "Of all the conventions that ever here met, none in the high and nobility of their aims surpassed that into the faces of whose members I am now looking."

Dr. John T. Hodgen, of Missouri, President, made a lengthy and able address.

The officers elected for the ensuing year are as follows:

President—Dr. T. J. Woodward, U. S. A.

Vice-Presidents—Dr. P. O. Harper, Arkansas; Dr. L. Connor, Michigan; Dr. Eugene Gresson, North Carolina; Dr. Hunter McGuire, Virginia.

Secretary—Dr. Wm. B. Atkinson, Pennsylvania.

Treasurer—Dr. R. J. Duglison, Pennsylvania.

Librarian—Dr. Wm. Lee, Washington.

St. Paul, Minnesota, was selected as the place for the next annual meeting.

The various *Sections* assembled in their separate capacities, and the usual number of able and interesting papers were read.

The report on Journalizing Transactions recommended that a committee of five be appointed, whose duty it shall be to digest and report in detail, as early as possible, a plan for the publication of a Weekly Journal by the Association; the nomination of an Editor, his salary, and the time and place of publication of such Journal.

The following amendment to the Code of Ethics, after considerable discussion, was adopted:

"It is not in accord with the interest of the public or the honor of the profession, that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine."

The following are the officers of Sections for ensuing year, to-wit:

Section on Practice of Medicine: Chairman, Dr. J. A. Ochterberry, Kentucky; Secretary, Dr. Robert J. Roberts, Tennessee.

Section on Surgery and Anatomy: Chairman, Dr. J. C. Hughes, Iowa; Secretary, Dr. William A. Byrd, Illinois.

Section on Obstetrics: Chairman, Dr. H. O. Marcy, Massachusetts; Secretary, Dr. C. V. Mottram, Kansas.

Section on Medical Jurisprudence and State Medicine: Chairman, Dr. A. L. Gihon, Washington, D. C.; Secretary, Dr. J. H. Sears, Texas.

Ophthalmology, Otology, and Laryngology: Chairman, Dr. D. B. St. John Roosa, New York; Secretary, J. Sales Cohen, Philadelphia, Pa.

Diseases of Children: Chairman, Dr. S. C. Busy, Washington, D. C.; Secretary, Dr. William Lee, Baltimore, Md.

Dentistry: Chairman, Dr. D. H. Goodville, New York; Secretary, Dr. P. W. Brophy, Illinois.

Judicial Council: Drs. S. N. Benham, Pennsylvania; John Toner, Washington, D. C.; D. A. Linthineum, Arkansas; William Brodie, Michigan; H. S. Holton, Vermont; A. B. Sloan, Missouri; R. Beverly Cole, California.

In reference to trade-marks, copyrights, etc., the following was offered, and referred to the judicial council to be reported next year:

Resolved, That the spirit of the Code of Ethics forbids a physician from prescribing a remedy controlled by a patent, copyright or trade-mark. This, however, shall except a patent upon a process of manufacture or upon the machinery of the manufacture, provided the patent be not used to prevent legitimate competition, and shall also except the use of a trade-mark used to designate a brand of manufacture, provided that the article so marked be accompanied by working formula duly sworn to, and also by a technical name under which any one can compete in the manufacture of the same.

The attendance was perhaps an average one in all respects. The largest delegations were from Pennsylvania, Virginia, and New York.

Our own State, Georgia, was represented by the following gentlemen : Thomas S. Powell, Alban S. Payne, W. P. Nicolson, of Atlanta—H. F. Campbell, of Augusta, and Robert Battey, of Rome.

The next meeting will be held at St. Paul, Minnesota.

BOOK NOTICES.

HYDROPHOBIA : A Monograph for the Profession and the Public. By Horatio R. Bigalow, M. D. Published by D. G. Brinton, M. D., 115 S. 7th St., Philadelphia. 1 Vol. 8vo. Cloth, pp. 154. Price \$1.00.

This volume is designed for the Physician, the Veterinarian, and the intelligent general reader.

It treats in a thorough and exhaustive manner of that terrible disease *Hydrophobia*—the most terrible of any known to science. It relates its history, symptoms, preventive treatment, and the precautions to be taken against it, both public ones and those for single cases, and individual instances.

The author is a distinguished physician and a writer of celebrity. His researches have been most extensive, and he presents them in an easy and clear style. The questions of the management of such cases and the possible chances of recovery are fully discussed.

JOHN HUNTER AND HIS PUPILS : by S. D. Gross, M. D., L. L. D., Oxon., L. L. D., Cantab, Prof. of Surgery in the Jefferson Medical College; President of the Philadelphia Academy of Surgery, etc. Philadelphia, Pressley Blakiston, 1012 Walnut St. J. J. & S. P. Richards, Atlanta, Ga. Price \$1.50.

This little work of 103 pages oc., containing an interesting sketch of the life, character and services of the renowned John Hunter, may be read with pleasure and instruction, by both the student and practitioner of medicine, everywhere.

WHAT EVERY MOTHER SHOULD KNOW : by Edward Ellis, M. D., late Senior Physician to the Victoria Hospital for women and children, and to the North London Hospital for consumption, etc. Author of a Practical Manual on the diseases of children, etc., Philadelphia. Pressley Blakiston, 1012 Walnut St., 1881. J. J. & S. P. Richards, Atlanta, Ga. Price 75 cts.

This is a very practical little work of 132 pages. It is the work of an eminent and able practitioner, and though plain enough to be comprehended by the unprofessional reader, is yet replete with useful matter which students and physicians throughout the country would do well to possess themselves of.

A GUIDE TO THE CLINICAL EXAMINATION OF PATIENTS AND THE DIAGNOSIS OF DISEASES : by Richard Hogan, M. D., Privat, doctent to the University of Leipsic. Translated from the London revised and enlarged edition, by G. E. Gramm, M. D. Boericke & Tafel, New York.

This work is eminently practical.

A TREATISE—ALBUMINURIA: by W. Howship Dickenson, M. D., Contab. Fellow of the Royal College of Physicians; Physician to St. George Hospital—Sen'r Physician to the hospital for sick children—Corresponding Member of the Academy of Medicine, New York. Second edition. Wm. Wood & Co., New York, 1887. Oc. 300 p.

The above is one of Wood's Library Standard of Medical Authors. As it relates to a subject which is very imperfectly understood by the larger portion of the profession, it should be read and carefully studied by every practitioner. It is well gotten up and beautifully illustrated.

RECEIPTED, 1880.—J. F. Stoddard, A. C. Coleman, W. F. Gresham, R. D. Lucas, 1881.—L. N. Hyten, J. W. Baker, R. H. Davis, S. M. Hogan, M. E. Demaret, J. H. Reutz, T. J. Jones, J. D. Moore, H. Perdue, S. B. Ragon, J. F. Davis, W. T. Mathews, T. H. Roberts, J. T. McDowell, C. C. Jones, R. D. Jackson.

SPECIAL NOTICES.

BEDFORD ALUM AND IRON SPRINGS.—The advertisement of these Springs may be seen in another part of this Journal, and should be carefully read. The Editors have tested its virtues. It is an excellent remedy in hæmoptisis, or as an anti hæmorrhagic in any case, especially of a passive character. As an injection in gleet, gonorrhœa, leucorrhœa, etc., it is highly useful. As a gargle in ulcerated sore throat it is very efficacious. In chronic diarrhœa it is often useful, and given in small doses, in the night sweats of phthisis it has been found an excellent remedy.

The House of **WM. R. WARNER & Co.**, of Philadelphia, has been long and favorably known to the Profession in the United States, and indeed have attained to a world-wide reputation. Their **SUGAR-COATED PILLS** have taken six grand world's fair medals. Their **CHEMICALS** are all of the finest and purest character, and their **PARVULES** are the admiration of the Profession throughout the Union. Their beauty and neatness of preparation adapt them to the most fastidious stomach, and the minute division as to quantity, makes it convenient to the practitioner in grading the dose to any required age or condition of the patient.

DR. WILLIAM B. TOWLES, Demonstrator of Anatomy, Medical Department of the University of Virginia, says:

"From large experience and observation in the use of **BUFFALO LITHIA WATER**, I feel warranted in bearing testimony to its virtues in the following diseases: As an *Alkaline Alternative* and *Diuretic*, its power is unquestionable to control the formation and hasten the Elimination of *Uric and Oxalic Acid*, not only neutralizing uric acid, but so modifying the process of nutrition as to lessen its production in the system; and hence its well-known efficiency in the relief of **GOUT, RHEUMATISM, GRAVEL INFLAMMATION** or **IRRITATION** of the mucous membrane of the **GENITO-URINARY TRACT**, many forms of **NEURALGIA, NERVOUS DEPRESSION, IRRITABILITY** and other kindred affections.

The House of **PARKE, DAVIS & CO.**, Detroit, Mich., has placed the Profession under deep obligations in the introduction of new medicinal agents from abroad. Many of them have proven highly valuable agents, adding to the armamentarium of the practitioner in his conflict with the multifarious forms of disease, and furnishing many useful and interesting additions to the department of *Materia Medica*. Their **SUGAR-COATED PILLS, EXTRACTS** and fine **CHEMICALS** are pure and reliable, and the zeal and indomitable energy of the proprietors are worthy of all praise.

THE ILLUSTRATED SCIENTIFIC NEWS.—The April number of this interesting and popular Magazine is just out. Among the various subjects illustrated in this number is an engraving of the late Emperor of Russia's steam yacht *Hivadia*; Prof. Secchi's solar apparatus, with six distinct views of the sun taken by this instrument, etc. Every number contains thirty-two pages, full of engravings of novelties in science and the useful arts. Published by **MUNN & Co.**, 37 Park Row, New York at \$1.50 a year, and sold by all newsdealers.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to **A. A. MELLIER**, 709 Washington Avenue, St. Louis, Mo.

THE Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XI.

ATLANTA, GA., JUNE 20, 1881.

No. 6.

ORIGINAL AND SELECTED ARTICLES.

REMARKS UPON THE TREATMENT OF PNEUMONIA.

BY R. C. WORD, M.D.,

Professor of Physiology in the Southern Medical College.

A correspondent calls for our views in regard to the treatment of pneumonia. We published in our April issue an article by Dr. E. P. Townsend, which so nearly corresponds with our own views and experience, that we are thereby spared the labor of a special paper on the subject.

We rely in a great measure upon veratrum, aconite and opiates in the treatment of pneumonia. We have found that opiates counteract the nauseating tendency of veratrum, without preventing its controlling influence upon the circulation. We prefer the muriate of morphia and McMunn's elixir to other forms of opium. We usually commence the veratrum with doses of two or three drops at intervals of two hours, increasing a drop with each dose until the pulse is brought down to near its normal standard; and then we continue the remedy at intervals of three hours at the same or in reduced doses, according to the condition of the pulse.

We do not give quinine in conjunction with veratrum except in cases where there are exacerbations of fever with a high temperature, in which case quinine internally, or used externally with whisky upon the skin, will bring down the temperature and assist greatly in con-

troling the fever. In cases of asthenic type, there is danger of too great depression from the use of quinine and veratrum at the same time. In most cases the veratrum alone will sufficiently control both the circulation and temperature.

We use mustard and poultices to the chest, and in some cases blisters are applied to the affected side. Aconite agrees well with some cases, and may be substituted for the veratrum where, from any cause, the latter article may not suit the particular case, or where the sweating and softness of pulse indicate that the remedy is sufficiently pushed; here the aconite, with the carbonate of ammonia, as in the article above referred to, will usually act well. Or—

R Carb. ammonia..... ʒ i.
 Water..... ʒ iv.
 Tinct. aconite radicle..... gtt. x.

S. A teaspoonful every one to two hours.

If the depression be great and the aconite doubtful, the carbonate of ammonia, with a little morphia and the infusion of serpentaria, will supply the indication, assisting the expectoration and supporting the patient:

R Carb. ammonia..... ʒ i.
 Infusion serpentaria..... ʒ iv.
 Muriate morphia..... gr. i.

Dose, teaspoonful every two to three hours.

This preparation answers well when a stimulating expectorant is indicated. The ammonia and serpentaria soften the sputa and promote its easy expectoration, and serve to counteract the drying or astringent tendency of the morphine, which nevertheless exerts its anodyne influence in keeping down the pain and promoting the comfort of the patient.

It should not be inferred from the above remarks that veratrum is necessarily contra-indicated in the asthenic forms of disease. Its cautious administration, especially when combined with opiates and revulsives, and even stimulants, is often very effectual in such cases. It will generally be well tolerated when there is a full pulse.

In a recent case which came under our observation, the patient having but a short while before recovered from measles, the symptoms indicated a low or asthenic tendency—so much so, that it was not deemed prudent to give veratrum. Quinine, Dover's powder and aconite, with revulsives, etc., were used for some days, until the pulse, gradually increasing, had reached 138, with other dangerous indications. Yet the pulse, though rapid, was full. It was now decided to try the veratrum. At 7 o'clock P.M. three drops were given, and the dose repeated every hour and a half, increasing a drop with

each dose. At the third or fourth dose an impression was made upon the circulation; the pulse, though falling in frequency, retained its volume, and by 12 o'clock was below 100, and before morning fell to 80. The remedy was continued, the circulation kept down and the patient saved!

Pneumonia may be aborted if taken promptly in the early stage or during the initial rigor, and in some instances even after the reaction and pain in the chest is well developed. If you are so fortunate as to see the patient at this early period, give at once quinine and Dover's powder, each ten grains, and apply a large sinapism to the chest—and, if the patient be chilly, hot rocks to the feet. If the pain is not quickly relieved, repeat the opiate. The result is usually prompt relief of pain, a short febrile stage, followed by sleep, perspiration, and a rapid recovery of the patient.

If in a well-developed case of pneumonia we were deprived of the use of veratrum and aconite, as in the method we have described, we should resort to blood-letting, followed by quinine, revulsives, opiates and minute doses of tartar emetic.

A CASE OF PLEURITIC EFFUSION.

BY THOMAS F. HOUSTON, M. D., ATLANTA, GA.

During my recent visit to New York, I saw in the various hospitals visited, many cases of great interest, and one of them presented several features that I feel assured will interest the readers of this journal. In December, 1879, Mr. ———, a street car conductor, presented himself to Dr. Kotzenbach, giving a history of an attack of pleurisy on the right side. The patient was very weak, could not walk more than a block at a time. Physical examination showed the left lung sound, but overworked. The right side gave complete flatness on percussion, vocal resonance absent, vocal fremitus slightly increased, and no perceptible respiratory murmur. The heart was displaced into the left axillary region, the patient could feel its pulsations against his left arm. Dr. K. inserted a hypodermic needle under the eighth rib, and filled the syringe with pus. Using Flint's trocar, he drew off one hundred and thirty-eight ounces of yellowish creamy sero-pus. Mr. ——— immediately declared that he felt very much better, and improved so rapidly that on the third day he walked several miles, and continued his vocation in apparent good health for ten months. He then returned, complaining of the same symptoms very much aggravated. Dr. Kotzenbach again aspirated him; this time the effusion

amounted to one hundred and fifty-eight ounces. I saw him six months later. There was slight cardiac displacement an inch or so to the left; the percussion note over the affected side was absolutely wooden in character, due to the induration and thickening of the pleura, absence of respiratory murmur and vocal resonance; slight increase of vocal fremitus. Again using the hypodermic needle as an exploring trocar, we found an effusion of greenish-yellow sero-pus as high as the seventh interspace. Not having the aspirator at hand, Dr. K. directed him to continue his work until his symptoms again became severe, and then to report for aspiration. The points of interest that present themselves to me are—the entire absence of all cardiac lesions, other than slight palpitation, which disappeared when the fluid was withdrawn. The large amount of the effusion and the fact that it caused absolutely no constitutional symptoms save weakness and anorexia. There was not a trace of pyrexia, the thermometer never reaching 100°F. At first glance it would seem almost impossible for so large a quantity of sero-pus to be months retained in the pleural cavity without its being absorbed and producing septicæmia with all its terrible consequences. The only way that I can account for this patient's exemption from the usual course of the disease, is that structural changes had taken place in the pleura itself, together with the thick layer of fibrin that had been poured out on the surface in contact with the fluid, thus acting as a mechanical impediment to its absorption by the sub-pleural vessels. The longer that this fluid remains the thicker grows the deposit of fibrin, until the pleura was indurated and hypertrophied to such an extent that its percussion note was so flat that it masked any vesicular quality that might have remained in the lung beneath. The great quantity was also another means of preventing the absorption. Its pressure on the lung obstructed if not occluded the pulmonary circulation, and the sub-pleural veins thus causing capillary engorgement. And the bulging into the intercostal spaces also interfered with the venous circulation found there. This stasis of the circulation would have a tendency rather to increase than to diminish its bulk by the transudation of the watery products of the blood. In fact, I think this had much to do with the amount of the fluid, for where a serous or even any other membrane had become structurally changed to the extent of an entire loss of its power of absorption, its power of excretion also must have been seriously impaired if not entirely destroyed. I have not had time to carefully investigate the literature of the subject, but I do not remember to have seen a parallel case reported, either in the amount of the fluid or the lack of constitutional disturbance.

FACTS FROM THE SMALL-POX HOSPITAL AT TROY,
NEW YORK.

BY CLARKSON C. SCHUYLER, M.D., ASSISTANT SURGEON TROY HOSPITAL.

What I have to offer is merely a resume of a service of four months at the small-pox hospital in Troy. As every phase of the disease was noted, and some unusual phenomena observed, I have thought that this recapitulation might not be uninteresting, inasmuch as the disease still prevails, and some of you, I understand, have it in your midst. While, as will be inferred from what I have said, I do not propose to make this a treatise on small-pox, I would like, however, to call your attention to what are to me some interesting facts in the etiology and symptomatology of the disease of which I took cognizance.

While there is little doubt that the greatest danger from infection in this disease is during the stage of suppuration and desiccation, I am led to believe, from the history of cases noted in families where its members have successively contracted the disease, that there is no stage in which it cannot be communicated; that the breath and exhalations from the body during that part of the period of incubation immediately preceding the stage of invasion can infect the unprotected. These views, while they are contrary to general belief, confirm the observations of Prof. Lomas, who says: "There are well authenticated cases which prove to us that infection may take place during any stage of the disease, even during the period of incubation." I believe, however, that the danger from exposure during the stage of incubation, invasion and the appearance of the eruption, is slight, if the patient be in a large and airy apartment.

It is well known that rarely does an individual suffer from a second attack of the disease. I have seen, I think, three exceptions, there being room for doubt in but one, in which case no evidence of a previous attack could be found upon the body. The history, however, given by the mother of the girl (whose age was 16), seemed to warrant the belief. She said that when about four years of age she contracted the disease from her father; that she was nursed in the room with the father as soon as the disease manifested itself, which was during the period of desiccation. The other cases, both men, aged respectively 36 and 37, were scarred. The former died of the *hemorrhagic* form of variola. It is a fact worthy of note that in each of these three instances the primary attack was previous to puberty. I say worthy of noted, because many believe that if the protective power of vaccination during infancy is ever lost, it is at this period in life.

The precursory signs, excepting, of course, the fever, were in some cases wanting, the pronounced headache and backache, which are as a rule present, having been wholly absent. It was also observed that when the eruption did not appear until the fourth day it was invariably *discrete*. In the discrete form it was often difficult to find umbilicate vesicles at any stage of the disease. (In diagnosis this might be a source of error if small-pox were not prevailing.)

In many instances I had noticed upon the forehead and breast, in this variety, a few aborted vesicles (I refer to cases admitted on the

third or fourth day of the disease, or after the appearance of the eruption). This question immediately presented itself: Did these isolated vesicles come in sight, umbilicate and abort previous to the appearance of the general eruption? I was soon able, in two instances at least, to answer this question in the affirmative.

I was called to see a young woman who was thought to be suffering from a severe cold. This was the second day of the attack. She had had the violent prodromic symptoms of variola, and it was immediately suspected that she was suffering from that disease. Upon close inspection three small umbilicated vesicles were found; one upon the forehead, one at the angle of the lower jaw, and one on the neck. Forty-eight hours after the general eruption appeared.

Again, I saw, with a brother physician, an old gentleman, on the morning of the third day of his sickness. He had no marked headache or backache; temperature $103\frac{1}{2}^{\circ}$, pulse quick, tongue dry, kidneys excreting but little. A few umbilicated vesicles were found upon the forehead, one or two of which were slightly crusted. The eruption made its appearance twenty-four hours later. Whether this is usual I am not prepared to say. I am not aware, however, that it has ever been observed. Bartholow, in his work on "Practice of Medicine," refers to a form of eruption appearing in clusters or patches, which he terms "*corymbic*." But one case having this variety of eruption was seen. Only a single cluster, the size of a silver dollar, appeared upon the face, upon the left cheek. There were a few isolated vesicles, however, at the margin of the hair, on the forehead. A number of patches were present upon the legs and arms, the skin between them being wholly destitute of eruption for a distance, in some places, of at least twelve inches. The vesicles in some of the clusters were coherent, or in immediate contact, without being really confluent.

Death was inevitable, as a rule, in the hemorrhagic variety, or what is popularly known as "black small-pox." Death usually took place before the period of pustulation was reached. In those that died, not only were the vesicles filled with bloody serum, but there were extravasations of blood beneath the cutaneous layers, and hemorrhages from the various orifices of the body. I have seen them die as early as the third day. Two adults recovered, one of which suffered from abscesses for a month after.

Two cases were admitted during pregnancy, five and six months respectively; one hemorrhagic, the other discrete. The former aborted on the fourth day and died on the fifth; the latter made a good recovery, without death to the fetus.

The pharyngitis in some cases was so severe as to render deglutition impossible. As this usually occurred during salivation, the condition of the patient was most distressing. An authority on small-pox, speaking of confluent variola, says: "While the eruption may be completely confluent on the face and hands, on other parts of the body it remains distinct, and never becomes confluent except over limited spaces." In two cases the eruption was confluent on every part of the body—one, a young woman aged 20, the other a girl of 15. The former died on the tenth day of the disease, the latter on the ninth.

The performance of laryngotomy in one case apparently suffering from œdema of glottis was seriously thought of; the patient recovered,

however. No diphtheritic membrane was observed in these cases, nor in the hemorrhagic form, as is spoken of by some authorities. No uncontrollable vomiting or diarrhœa was met with. These concomitants of the period of invasion were rarely seen thereafter.

And now, as to treatment. The question naturally presents itself, Do we possess any power to arrest the development or mitigate the severity of this disease? As to the development, I answer, no; excepting, of course, vaccination immediately after exposure, which, if successful, will insure a modified form of the disease. There are certain stages, the severity of which may be mitigated, especially that of invasion, with restlessness and high temperature, when aconite, given hourly, has a most happy effect. Bitartrate of potash, in the proportion of an ounce to a pint of water, taken *ad libitum*, was a grateful drink. It seemed to limit the inflammation of the skin and hasten desiccation. At any rate, those taking it "cleaned off quicker."

In severe cases you are compelled to resort to the use of stimulants, heroically, too, sometimes. Many a life has, I believe, been saved by the judicious use of stimulants at the period of suppuration, when the patient is found with a dry tongue, quick pulse, blue lips, and, sometimes, active delirium—a condition very like the last stages of typhoid. Frequent sponging during the development of the eruption was found to be very grateful.

Nothing I found gave so much comfort during the stage of desiccation as a warm bath, the patient frequently begging to have it repeated. As an instance showing the benefit derived from the baths, I may mention the case of a young man who was brought to the hospital on the sixteenth day of the disease. He was a most frightful object as he lay there before me, with hardly the semblance of a human being, unconscious and in a muttering delirium. As a *dermier resort*, a warm bath and stimulants were ordered. In three-quarters of an hour he was removed, placed in bed and freely oiled. Within one hour he was conscious and able to tell of the suffering and neglect he had undergone previous to admission. Nothing, I believe, can be relied upon when we deal with the hemorrhagic variety; although tinct. chloride iron with turpentine seemed to be given with good effect in the two cases that recovered.

Vomiting was invariably controlled with subnitrate of bismuth, taken dry, in 10 or 15 grain doses. What was done to prevent pitting? you are no doubt ready to ask. Well, nothing, because I believe nothing can be done. The pitting depends entirely upon the depth of the slough under each pustule. If the infiltration of the pus cells into the vesicles takes place without extension of inflammation into the cellular tissue beneath, then there will be no pitting; but if it does extend into the deeper tissues and a slough is the result, then pitting is inevitable.

That some are scarred more than others is a natural course of the disease.

The whole number of cases treated was 216. I have a record of 199. As to those who died previous to my keeping a complete record, a memorandum, as to age, vaccination and variety of disease, was made.

A perusal of the following table will be of interest:

	Number.	VARIETY					
		Varioloid.	Discrete.	Hemorrhagic.	Confluent.	Corymbic.	Died.
Not vaccinated,	105	7	50	12	35	1	33
Vaccinated after exposure,	2	2	—	—	—	—	—
Vaccinated in infancy,	64	21	24	8	11	—	10
Vaccinated,	17	11	5	—	1	—	2
Inoculated,	8	3	2	2	—	—	1
Had small-pox,	3	—	2	1	—	—	1

Ages.	Number.	Deaths.	Percentage of death.
Infants,	11	5	45.5
1 to 10 years,	68	15	22.0
10 to 20 years,	44	12	27.2
20 to 30 years,	46	8	17.4
30 to 40 years,	18	5	27.7
40 to 50 years,	8	1	12.5
50 to 60 years,	4	1	25.0
Total,	199	47	

It will be observed that the mortality was about 22 per cent., which we think is a very good showing, taking into consideration the type of the disease that has prevailed. Probably at no time in the history of small-pox in Troy has the disease been so malignant. And, too, the number of cases admitted when the disease was far advanced necessarily increased the ratio of mortality, premising that the hospital care and treatment were superior to that received at home. In the "vaccinated" all children were carefully examined as to scar. I mention this, as it will be seen, from the table, eleven had varioloid, five discrete, and one confluent small-pox. Believing, as I do, that vaccination is an absolute protection against small-pox (not varioloid), I am positive that those having the discrete and confluent forms were unprotected.

Not a single case having a recent vaccination was admitted during my service. One child having a recent vaccination (within two weeks) was admitted, with four others of the same family having the disease, and remained in the hospital for two months without contracting the disease.

The greatest mortality, it will be observed, was among infants, 45 per cent. dying. The lowest rate was between the ages of forty and fifty, only 12 per cent. dying.

I cannot close this paper without saying a word in commendation of the heroic fortitude, patient devotion and Christian graces of the Sisters of Charity, who voluntarily connected themselves with the institution. The success of the treatment of patients therein and the low mortality among them are due, in great measure, to the watchful care and attention of these Sisters, who have shown themselves to be real ministering angels to the afflicted.—*Med. and Surg. Reporter.*

THE CONSTANT OR GALVANIC CURRENT OF ELECTRICITY IN DISEASES OF THE NERVOUS SYSTEM.

BY EDWARD C. MANN, M. D., NEW YORK CITY.

Sciatica.—In the treatment of sciatica, in common with other neuralgias, it is important to bear in mind that pathological causes which irritate the nerve high up in the trunk, produce pain at the peripheric distribution; and sensation excited by irritation of the origin or nucleus of a sensory nerve are uniformly referred to the periphery. The great predisposing cause of sciatica, in common with the other neuralgias, is hereditary predisposition, which results in the transmission of an imperfect central nervous system—a neurotic constitution. Sciatica is one of the most curable of neuralgias if properly treated. If injudiciously treated, it is often very intractable. We have as forms of sciatica, aside from a simple neuralgia, syphilitic and rheumatic forms of the disease, the former, occurring very frequently, and in obstinate cases which have resisted all other treatment, we may get brilliant cures by giving iodide of potassium in rapidly increasing doses in combination with small doses of bichloride of mercury. The irritation set up by obstinate constipation, the puerperal state where the enlarged uterus produces an irritative pressure, or a tumor pressing on the nerve in the pelvis may all cause sciatica. The worst cases we meet with in practice occur between forty and fifty years of age. Primarily, rest is the great therapeutic agent. Our patient must not be allowed to walk, as muscular movements are very injurious, as the nerve is pulled upon by the muscles and the pain is thus aggravated.

Our patient must also be kept warm, and wear silk drawers if he can afford silk under-clothing, and the bowels kept carefully regulated. When the paroxysms of pain come on, we may alleviate them temporarily by hypodermic injections of morphia, and we may paralyze the sensibility of the peripheral nerves by local applications of aconite liniment. The use of the constant current of electricity by its stimulating and catalytic effects will enable us to get that perfect cure which should be our aim. The negative pole of a battery of 32 cells I place opposite the roots of the nerves which form the sciatic, and the positive pole is applied at the seat of pain. I make this application twice daily, and by keeping up the nutrition of the central nervous system at the same time, I obtain the most gratifying results even in cases of years' standing. The nutrition of the sciatic nerve is much improved and there is a healthy change induced in the entire nerve. I have also cured some cases of sciatica by static electricity, using the Toeplar machine, charging the patient, and then drawing sparks along the course of the affected nerve by the wire brush.

In severe *lumbago*, affecting the dorsal muscles and the intercostals with severe, excruciating pains, making the patient bend almost double, I have experienced uniformly good results in every case from the use of the constant current to the affected region, together with slight ether inhalations. We certainly get a specific effect from the constant current in nearly all the neuralgias. In *facial neuralgia* I combine with the use of electricity, gelseminum, or Dregnesnel's aco-

nitia in 1-200 grain doses, gradually increased until physiological effects are produced. In *ovarian neuralgia* the relief to pain is sometimes magical from the constant current, and I also employ in the visceral neuralgias hypodermic injections of atropia in 1-100 to 1-50 grain doses. In all the neuralgias I am also in the habit of prescribing, with the most gratifying results, the solution of chloro-phosphide of arsenic in doses of 15 minims three times a day after meals. This most valuable remedy—the very best in cases of brain wasting from exhaustion—is prepared by bringing phosphorus and arsenic together in the presence of hydrochloric acid. It acts very beautifully in many diseases of the nervous system, improving brain power and sexual impetus, and produces no unpleasant symptoms.

In *paralysis*, from brain disease, particularly in hemiplegic cases where we find absence of any decided mental disturbance; slight thickness of speech; more or less deviation of the tip of the tongue to the paralyzed side when it is protruded; partial and incomplete paralysis of the facial muscles on the side on which the paralysis of the limbs exists; more or less complete loss of voluntary power over the left arm and leg (if the lesion is in or near the right corpus striatum); loss of sensibility and numbness on the paralyzed half of the body; and slight elevation of temperature on the paralyzed side—if the contractility of the muscles be perfect the use of electricity is contra-indicated.

When, in paralysis, we meet with the reactions of degeneration, wasting of muscles, or loss of normal muscular irritability or contractility, the galvanic or constant current is then indicated, and after we get, by this current, an irritability which responds to the induced or Faradic current, we may proceed with that current to the ultimate restoration or cure of paralysis. In hysterical paralysis, where the patient has no will to move her muscles, we may get a rapid and brilliant cure by the induced current.

In neuralgia or hyperæsthesia of the testes, which is a very painful neurosis, we have a perfect means of relief in the constant current of electricity conjoined with laxatives followed by tonics. In hyperæsthesia, or irritable state of the uterus, a very troublesome neurosis, we apply a cup-shaped electrode, attached to the negative pole, to the os uteri and the positive to the hypogastric or sacral region with uniform good results. Also local sedatives $\frac{3i}{4}$ of morphia to $\frac{3i}{4}$ of ungt. belladonna, and a little pill of this rolled up and introduced into the os. This is also a very valuable remedy in hysteria. The patient can hardly sit down, and coition is impossible in true hyperæsthesia of the uterus. It results, I think, from neurasthenia. Nervous cardiac pain near the apex of the heart is a common and distressing neurosis, and this cardiac irritability is alleviated by centric galvanization. This form of application also relieves neuralgia or hyperæsthesia of the stomach, in which the vaso-motor nerves and the tone of the arteries are impaired. Spinal hyperæsthesia is also very amenable to treatment by the constant current. It should be remarked that neurotic pains of the spine are, as a rule, much more severe than those accompanying serious organic trouble. Neuralgia or hyperæsthesia of the breast in women is readily cured by the judicious use of the constant current. In cerebraesthesia or nervous prostration we have a hyperæsthesia or

neuralgia of the entire brain; this condition may lead to insanity if not checked. We must give the patient rest and make him sleep, and feed him with milk, and not allow business cares or anxieties to worry him for at least one month.

The brain is enfeebled and hyperæsthetic, and the daily use of cephalic electrization will soon improve the nutrition and tone of the brain, and we shall cure our patient. In all cases build up and improve the nutrition of the central sensory nerve cells, as it is this condition of imperfect nutrition which causes neuralgia and hyperæsthesia. Cod-liver oil in small doses with the chloro-phosphide of arsenic in 15 minim doses after meals, and the daily use of the constant current in skillful hands will work wonders in many very severe cases. We have nerve exhaustion, a lowering of vital power in all these cases. We should always look for the cause of all these troubles, and we may perhaps light on some focus of irritation or a blood-poisoning.

In the early stage of progressive or general paralysis we may sometime gain great benefit from centric galvanization, and cut off the wearing impressions which are being transmitted practically without cessation to the brain.

In the incipient stages of insanity the constant current of electricity is of immense value, as it, if properly applied, antagonizes the various congestive states of the brain, which, unchecked, result in organic disease. I have spoken of this at length in my forthcoming work on "Psychological Medicine and allied Nervous Diseases."—*Lancet and Clinic*.

AFFECTIONS OF THE EYE CAUSED BY MASTURBATION.

BY M. LANDESBURG, M. D.

The relation of masturbation to diseases of the eye has scarcely attracted the attention of the profession. In the best hand-books of ophthalmology there is no reference to this subject, and in the ophthalmic literature, as far as my knowledge goes, this fact is mentioned but twice only. Dieu (see Nagel's *Jahresberichte der Ophthalmologie*, 1872, p. 372) records the case of a boy of five years in whom amblyopia developed in consequence of masturbation. After the removal of the existing congenital phimosis, which was the exciting cause of the self-pollution, the latter was given up, and vision gradually improved to normal condition. Fœrster (see *Handbuch der gesammten Augenheilkunde*, von Græfe and Sæmich, V. vii., part V., p. 102) has witnessed instances of intractable chronic catarrh of the eye in patients of from twelve to twenty years, in whom onanism was ascertained to be the only cause of the affection. For my part, I have reason to assume that chronic inflammations of the eye, resulting from masturbation, are not of such rare occurrence as we might be led to infer from the scarcity of the published material on this subject. I remember having met in my practice with many cases of obstinate catarrhal affections of the eye which I had to give up in despair after a protracted course of unavailing treatment, or the patients left me in order to seek better advice. At the time, I was at a loss to account for the

intractableness of such cases. Catarrhal affections of the eye generally give a good prognosis, and are easily cured if properly attended to. I had to yield to the evidence that there are some forms of affection of the conjunctiva in which the treatment fails to bring about the usual beneficial effect. These forms I generally met with in children of either sex, but occasionally, also, in adults. When I afterward learned the intimate relation that exists between some morbid processes of the eye and masturbation, there was no doubt left to me about the nature of all those intractable cases which have been so mortifying to the self-confidence of the physician. This opinion was corroborated by the many other indications of self-pollution which I had observed in these patients, and the pathognomonic symptoms of which I utterly disregarded for want of the proper knowledge of this peculiar coincidence.

The first case that gave me the key to the problem, was a merchant, aged thirty-three years, who came to me suffering from chronic catarrh of both eyes. He had been for nine months under the care of a prominent oculist, who had tried every available remedy without any result. There were no anomalies of refraction or accommodation. Both eyes showed only the symptoms of chronic catarrh with slight blepharitis. The affection had lasted about a year. No reasonable cause of the morbid process could be elicited. There was no inflammation of the other mucous membranes. General health was good. The patient was in good circumstances, and temperate in his habit of drinking and smoking. He was very anxious to get rid of his trouble, and was willing to undergo any treatment for this purpose. I must say I was not a little astonished at the failure of the previous treatment, the traces of which (slight argyria) were seen on both eyes. I made a good prognosis, and promised a perfect cure.

In the course of the treatment, I was struck by the observation that the improvement I succeeded in bringing about in the condition of the eyes did not remain steady, but was interrupted by frequent exacerbations of the morbid process. For a long while I was baffled in all my efforts to find any plausible explanation of this strange incident. One day, when my patient came to me with a renewed relapse, it occurred to me that the pimples he had on his face were much more inflamed, and more numerous than on the preceding days. On further observation, I ascertained, beyond any doubt, that the increase of the inflammation and number of the pimples always coincided with the deterioration of the morbid process of the eye. The connection of pimples of the face with masturbation, I had frequent occasion to establish in either sex. I was roused to the suspicion whether the anomalous affection of the conjunctiva might not depend altogether upon masturbation. I inquired of the patient concerning his habits in regard to the other sex. He told me that, for the last eighteen months from the time he had incurred a gonorrhœa, he has discontinued all sexual intercourse with women. On further inquiry he confessed that from that time he has been masturbating about two or three times a week. The pimples of his face developed consequently. He has, also, observed that after masturbation, the condition of his face and of his eyes becomes worse. This coincidence impressed his mind so strongly, that he had spoken with his family physician about

it, but the latter had derided any possibility of such a relation.

I imparted to him my conviction that onanism has been in his case the only cause of his eye affection, and that no cure could be effected unless the habit was totally abandoned.

The patient being of a resolute nature, at once discontinued the practice, and had the satisfaction of seeing his eyes gradually improve, without any further treatment whatever. In the course of a month, all traces of the inflammation vanished, and the face became smooth and fair.

From this occurrence I made a point to inquire in every instance of intractable catarrh of the eye, after this possible error of youth. I learned from experience that it is very difficult to find out the truth in this matter in the male sex, but that it is almost impossible to ascertain it in the female one.

CASE OF CHRONIC DYSENTERY CURED BY LARGE DOSE OF IPECACUANA.

BY W. S. WHITWELL, M. D.

Geo. L., mulatto, aged twenty-one, born in Jamaica. At the age of ten years went to Peru. When seventeen years old he had an attack of dysentery at Calloa. Passed blood with each stool, and at times had between twenty and thirty a day. After seven months he apparently recovered without treatment. Four months later he came to San Francisco, and on coming into the harbor had an attack of diarrhoea, which lasted ten days. When in Virginia City he was obliged to enter the hospital on account of still another attack which was soon checked, but which returned on his going to work. During the following year had three attacks of dysentery. In the fall of 1878, while in San Francisco, in consequence of a fresh attack he went to several of the hospitals in his endeavor to be cured; says that he took many kinds of medicine, and was at one time placed for a month or six weeks on milk diet, but still was not relieved. In September, 1879, he was brought to me looking pale, thin and enfeebled. Said that he had no natural passage, but merely a slimy, watery discharge, which was mixed with blood; that he felt much griping and was forced to go to the closet nearly every twenty minutes; that at night he was up from six to a dozen times; that he never slept soundly except for a few minutes, and that he was constantly grinding his teeth.

Told patient to go home and go to bed; to place a mustard poultice on the epigastric region, and to take one-third of the following prescription:

R Pulv. Ipecac..... 3 ijs.
Mucil. Acaciæ..... 3 ij.

Patient, through a misunderstanding, took the whole, but kept it on his stomach with the aid of the mustard for three-quarters of an hour. He then thinks that he vomited about one-half. Had one passage about two hours later. Since this time he has had no griping, has slept soundly, and has had but one passage every day. There was

even a tendency towards constipation. In October, one month after treatment, I saw him again; he had gained in flesh and strength. His stools were dark colored and natural, such as he had not had for more than a year. His diet, although he had restricted it at first, was now ample and varied. In January he had gained still more, and was looking well and worked regularly. About a year afterwards, having a slight diarrhoea, and fearing a return of his old trouble, he had the medicine renewed and repeated the dose of two drachms and a half with good effect.

This case has been reported for the purpose of showing that it is possible to give large doses of ipecac without injury, and that properly administered it is not necessary to combine it with opium, as is commonly recommended. As will be seen in an article on acute dysentery, among the selections, the largest dose given by any one is that by Bateman of two drachms, but he deems it necessary to give with it one drachm of opium, presumedly to control the vomiting. In the above case the vomiting was not severe, not more so than that attendant on much smaller doses. We cannot consider the vomiting as beneficial, especially when a patient is much weakened, and think that the best way to avoid it is to give a sufficiently large dose the first time.

The second day out, on leaving Hong-Kong for San Francisco, in 1879, a sea captain six feet in height and weighing about one hundred pounds, came into my room and said that I must do something for him and that quickly. He had had dysentery before reaching Hong-Kong; had been given medicine which checked the disease, and now, two days later, it had come on again. As he told me afterwards, well knowing its dangerous character in the tropics, he never expected to reach San Francisco. Ipecac and a milk diet cured him, but the drachm dose had to be repeated, weak as he was, before that result was attained. The conclusion drawn is that a larger dose would have saved repetition and added to the comfort of the patient. That he was cured, however, I am assured, for when he came into my office six months afterwards he weighed one hundred and eighty pounds.—*Western Lancet.*

DESTRUCTION OF THE MEMBRANA TYMPANI, AND APPLICATION OF THE TOYNBEE DISC.

BY A. S. CORE, M. D., QUINCY, ILL.

Case No. 10.—Age 24. Came in for treatment, complaining of a discharge from both ears; stating that the discharge had existed since at about one year of age, and that it could not be stopped; had been informed that if the discharge was stopped death would be the result. I see that the patient is fairly nourished. State of hearing for a watch, 1-60 in the right ear, and 1-60 in the left ear. The tuning fork is heard best when placed on the incisor teeth or vertex. On examination of the middle ear with the Otoscope, I find that the membrana tympani is entirely destroyed; the ossicles intact at the foramen ovale, but greatly drawn down from their natural positions, and adhesions extending from the point of the handle of the malleus to the base of

the bone, drawing it down firmly and closely to the posterior wall of the middle ear; this condition existing in both ears, with a very fetid discharge of pus.

With the rhinoscope, could be seen, in the post-pharyngeal space and at the opening of the eustachian tubes, a granulated surface, with dry crusts on some of the eminences of the parts. Nasal passages, anteriorly, were normal; throat and larynx normal. I attempted to inflate the eustachian tubes, both by Politzer's method and the eustachian catheter, but could not. I then made direct application to the parts of the post-pharyngeal space, with the brush, of a solution containing two per cent. of the chloride of zinc; syringed the ears well, and applied a weak solution of permanganate of potassium. In about one week I was enabled to inflate both the eustachian tubes, and in about one month all discharge had stopped, and the parts began to assume a healthy appearance; hearing had been improved so that the patient could hear the watch at the distance of 12-60 in both ears, with considerable improvement in conversation. Before the eustachian tubes were opened, all tones on the lower register were heard with an autophonous sound; after the tubes had been opened, and retained so, the autophony ceased; but tones on the lower register were not appreciated quite as soon as those of the middle or upper register, but always normal. The patient at no time complained of any unpleasant sensation caused by hearing her own footsteps on the pavement, or the heavy rumbling sounds of the street. I now applied the Toynbee discs in both ears, and after some manipulation of the discs, so as to have them set easy and cause no pain, I found that there was a point somewhere on the malleus or its attachments, of the right ear, that when the disc was placed right it would increase the hearing, so the patient could hear the watch at a distance of 30-60. I tried the left ear and found that the same result could be attained in that ear. The next day, when the patient had become accustomed to the discs, the watch could be heard at a distance of 45-60, and the patient could converse in ordinary conversation, common tones, as well as any one. I now informed the patient that it would not be necessary to call so often, and gave instruction to take the discs out at night, and clean them, and introduce them again in the morning, until the ears had become well accustomed to their presence. This advice was disregarded, the patient being so well pleased with the result thought it would not be necessary to change the discs so often, and wore them for ten days or two weeks without any change; as a result, they caused an irritation, and re-established the discharge. After the discharge was again stopped, or partially so, I found that cotton-wool pellets, saturated with glycerine, would answer almost the same purpose as that of the discs; but they were harder to adjust, and would not retain the moisture and their place so well.

The patient, when last seen, had no discharge from the ears, and could hear very well when using the discs; the hearing for the watch, without the discs, was the same as when the discharge was first stopped.

The Toynbee disc is the *sine qua non* for all aural catarrh. I regard its greatest use when there is entire or almost complete destruction of the membrana tympani, and the ossicles still remaining. In perfora-

tions, falling, acute suppuration, with no great destruction of the membrana tympani, I prefer to use simply a disc, cut from sizing or parchment paper, slightly moistened, and placed over the perforation. I have several times seen perforations heal under the use of the paper discs, with no other treatment than gentle syringing with warm water.

About the introduction of the discs (see Toynbee's text book), except after it is in position I often find it advantageous to apply the air-bag to the external meatus, and by a quick blow drive the disc against the remains of the middle ear. The full improvement of hearing is rarely attained at once, it may be half an hour, perhaps longer, after the introduction of the disc, before any change is observed. After the surgeon has once trimmed and fitted the disc, the patients, if intelligent, need experience no inconvenience in introducing them themselves. My observations have been that the greatest improvement in hearing has more often been a benefit for the voice than for the watch.
—*Med. Call.*

NEURALGIA OF THE TESTIS.

BY GEO. HALSTED BOYLAND, A. M., M. D., LATE SURGEON FRENCH ARMY, ETC.

The surgeon will, now and then, meet with a case that by careful diagnostic exclusion cannot be designated as either orchitis, epididymitis, or vaginitis.

Neuralgia of the testis, in a strict sense, is characterized by irregular attacks of heavy, sticking, tearing, burning pains in the testicle; in one case that recently occurred in my practice, the symptoms stopped here, but in the more severe cases they are accompanied by nausea and vomiting, generally with spasmodic shortening of the cremaster, and consequent drawing up of the testicle, entirely independent of external influences. Nevertheless, there are cases in which, after oft repeated attacks, an extreme sensibility of the testis remains, so that palpitation calls forth a fresh attack. The severity of single attacks can attain such a pitch as to throw the patient into a state of violent excitation, and cause him to be covered with perspiration, to dance about, shrieking. Almost always, neuralgia of the testis affects only one side.

Etiology.—This is a dark point. The spermatic nerves can be painfully excited at times from the periphery; at others, from the spinal marrow. In some instances, neuralgia of the testis has been produced by irradiation, during the passage of a renal calculus through the ureter, analogous to the cramp of the cremaster, more often observed in this condition. Such a neuralgia can seldom be traced to a chronic orchitis. The disturbance in the digestive organs, to which single attacks of the evil have been attributed, is probably only due to a similar cause, and to one at the same time remaining unknown.

Treatment.—From the foregoing it will be logical to deduce that our therapeutics cannot be what is technically called *rational*. In the irregular intermitting cases, good results have been obtained from the exhibition of quinine and Fowler's solution. In general, as in other

neuralgias, quieting and strengthening medicines ought to be employed. The preparations of opium, hyoscyamus, aconite, and belladonna have been given inwardly and applied outwardly with doubtful results. I have found the following of great service :—

R Tinct. cannabis indica..... gtt. xl.
 Potass. brom..... ʒ ij.
 Aqua destil..... ʒ iv M.
 Sig.—Tablespoonful every hour, until relieved.

Of course, the bowels must be kept open; for this, mild saline laxatives are best adapted. Dry heat, applied to the testicle on cloths, is a valuable adjuvant. The continued internal administration of iron is good treatment. So, also, with turpentine, especially in cases where it is undoubtedly a question of kidney trouble. The patience of the sufferer is often exhausted by the persistency of the evil, and he begs for castration. But this sacrifice of a healthy organ should be rejected, the more so, as the disease is always of a more or less constitutional nature; nevertheless, comparatively minor operations, such as ligature of the veins of the spermatic cord, and incision of the tunica albuginea, have been productive of remarkably favorable results.—*Am. Specialist.*

Concentrated Solution of Quinia.—Dr. S. W. Reynolds, U. S. A., Fort Brown, Texas, writes the American Journal of Pharmacy: I notice in the March number of the "Journal," page 136, a formula for "Lent's solution of quinia," for hypodermic use.

It is not stated when it was first used, but the formula is almost identical with a solution I first made in May, 1874, for every-day use in giving that remedy in the Post Hospital at Fort Stockton, Texas, (the formula for which I had the honor of furnishing you, with the request that you would publish it for the benefit of the pharmacists, especially in the army, but it was never noticed.)

At the time I constructed my formula, I had never seen one of a strength exceeding 30 grains to fʒi, and even *that* was called a concentrated solution. I have continued using my solution, which I have no difficulty in keeping any required length of time, and there is *no* crystalization except in very cold weather, and then it is redissolved very readily by warming.

My formula is as follows :

R Quinæ sulphat..... grs. 480.
 Acid. sulphur. dil..... fʒ vi to fʒ i.
 Glycerinæ..... fʒ vi.
 Aquæ distill..... ad fʒ vi.
 Misce sec. art. and filter.

I prepare it *without* heating, and find the fʒvi of dilute acid sufficient in warm weather, but in winter the larger quantity is required to maintain the solution. This solution contains exactly 10 grains in each fʒi, while Lent's is not so strong; in fact, the formula referred to does not state the exact strength.

ABSTRACTS AND GLEANINGS.

Excision of a Portion of the Stomach and Duodenum.

In the Wiener Med. Wochenschrift, of February 5th, the following case is reported by Professor Billroth. The previous week a woman was brought to him having unmistakable symptoms of pyloric cancer. The patient, who was forty-three years old and mother of eight children still living, was attacked, apparently somewhat suddenly, with vomiting in October, 1880. All the symptoms of pyloric cancer soon developed themselves, and Dr. Billroth determined, with her consent, to operate, as she felt herself sinking under the increasing exhaustion and inability to retain food. The tumor lay on the upper side of the stomach and somewhat to the right; it seemed to be about as large as a moderate sized apple. A transverse incision, about eight centimetres (three inches and one-fifth) in length, was made over it through the wall of the abdomen. The tumor was difficult to disengage, on account of its size; it presented itself as a partly knotty, partly infiltrated cancer, covering the pylorus and rather more than a third of the under part of the stomach. Dr. Billroth loosened the adhesions to the omentum and the transverse colon, separated carefully the great and lesser omentum, and tied all the blood-vessels before cutting them through; the loss of blood was very slight. He then made an incision through the stomach one centimetre beyond the infiltrated part, at first in a backward direction only, and afterwards through the duodenum. Six sutures were then passed through the lips of the wound, the threads being left untied and only used to keep the lips of the wound in position. He then made a further oblique incision into the stomach from within and above in an outward and downward direction, keeping always one centimetre from the infiltrated part of the wall of the stomach, and then closed the oblique wound, from below upwards, until an aperture was left just of a sufficient size to fix the opening of the duodenum. The separation of the tumor from the duodenum was completed by means of an incision parallel to that in the stomach, and always at a distance of a centimetre from the infiltrated part. The duodenum was then introduced into the opening of the stomach which had been left. Altogether about fifty sutures were made with Czerny's carbolized silk. The wound was washed with dilute carbolic acid, and a few additional sutures inserted at weak points, the whole replaced in the abdominal cavity, and the abdominal wound closed and bandaged. The operation lasted an hour and a half. No weakness, vomiting or pain followed the operation. During the succeeding twenty-four hours the patient took only ice by the mouth and nutritive injections of wine; on the following day a tablespoonful of sour milk every half hour. The patient, a very intelligent woman, felt very well, and slept most of the night by help of a small injection of morphia. The piece excised was fourteen centimetres (about five and a half inches) in length along the greater curvature of the stomach. Only a quill could, with difficulty, be passed through the pylorus. The shape of the stomach is not much altered by the

operation, but somewhat reduced in size. Sir H. Thompson, to whom we are indebted for the above, has received a note from Dr. Billroth, dated February 5th, the seventh day after the operation, in which he writes: "The sutures have been removed; the wound is healing without any reaction; the general condition of the patient is good; she takes broth and egg, coffee, tea and cocoa."—*Brit. Med. Jour.*

Aphasia.—Ferrier defines aphasia as follows: "The subject of aphasia is deprived of the faculty of articulate speech, and also very generally of the faculty of expressing his thoughts in writing, while he continues intelligently to comprehend the meaning of words spoken to him, or it may be to appreciate the meaning of written language. An aphasic individual knows perfectly well, as exhibited by his gestures, if a thing is called by its right name or not, but he cannot utter the word himself or write it when it is suggested to him. In his attempts, only an automatic or interjectional expression, or some unintelligible jargon escapes his lips, or unmeaning scrawls are set down on paper as writing. This affection is usually, at first at least, associated with a greater or less degree of right hemiplegia, but the motor affection of the right side, chiefly of the right arm, is often slight and transient, or may be wanting from the first, the only indication of motor paralysis being a paretic or weak condition of the oral muscles of the right side. The inability to speak is not due to paralysis of the muscles of articulation, for these are set in motion and employed for purposes of mastication and deglutition by the aphasic individual. The cause of the affection was shown by Broca (and his observations have been confirmed by thousands of cases) to be associated with disease in the region of the posterior extremity of the third left frontal convolution, where it abuts on the fissure of Sylvius and overlaps the island of Reil." "One of the most common causes of the affection is softening of this region, consequent on sudden stoppage of the circulation by embolic plugging of the arterial channels which convey its blood supply, by which the functional activity of the part is temporarily or permanently suspended." "The rapid recovery which so frequently occurs in cases of aphasia, especially of the kind due to embolic plugging of the nutrient arteries of the left centres, is not so much to be regarded as an indication of the education of the right centres, but rather of the re-establishment of the circulation and nutrition in parts only temporarily rendered functionless."—*Boston Medical Journal.*

Erysipelas—Case in Practice.—Mr. N., aged about 38; nervous, sanguine temperament. Was in good health on the evening of April 3, 1880; on the morning of the 4th, felt slight pain in the head and right side of the neck, about one inch below and back of the ear. During the day the pain increased. At five o'clock P. M., erysipela-tous inflammation spread over the entire right side of the face and head. Pulse, 100. Gave acconite, 6, ten drops in two-thirds of a tumbler of water, a teaspoonful every fifteen minutes for one hour, then discontinued two hours, then repeat the remedy, to be continued in the same manner until ordered otherwise. At nine o'clock A. M., the 5th, both eyes were closed, and the inflamed surface presented a fiery red ap-

pearance; pulse, 120; tongue dry and red. Aconite continued. A topical application was applied to the inflamed surface, consisting of the proportion of one spoonful of alcohol to three of water, and to that was added two drops of the 6 of aconite to the spoonful of the lotion, and applied by wetting four thicknesses of cotton cloth and enveloping the inflamed surface, and renewed frequently. At nine P. M., the swelling and redness have continued to extend, assuming a deep, dark-red color. Same treatment continued. At seven A. M. of the 7th, pulse 125; pain in the head much worse among the parotid and salivary glands. During the day pulse run up to 130. Treatment continued. At six A. M. of the 8th, swelling at a stand-still; pain in the head not so severe. At seven P. M., pulse 100; swelling decreasing; all the symptoms more favorable, as far as I could see. At two A. M. of the 9th, the patient had a sinking chill; had great distress from severe cramp-like, burning pain in the region of the cardiac orifice of the stomach. The extremities cold, the pulse very feeble and fluttering; purple appearance of the hands and feet; cold perspiration over the body; frequent attacks of nausea. Gave arsenicum, 30th, the one quarter of a grain every fifteen minutes. In thirty minutes was much better, and within the hour the chill had entirely disappeared.

The reaction brought the pain back with an increased heat and redness of the inflamed parts. At nine A. M., of the 9th, pulse 140, attended with a low, muttering delirium. Gave bell., 6, ten drops in two-thirds of a tumbler of water, a spoonful every fifteen minutes for an hour; then discontinued an hour; then gave an hour, and discontinued two hours, and so continued the time to give; and also reapplying the lotion as at first. At nine P. M., delirium gone, pulse 120, swelling decreasing. At seven A. M. of the 10th, eyes partially opened, pain in the head gone, some appetite, little perspiration, tongue moist and of natural appearance. Same treatment continued. From this date the patient makes a rapid recovery. Dismissed on the 16th.—*Medical Call.*

[The above case we extract from a Homeopathic Journal, that our readers may see an example of how a homeopath treats a case of erysipelas.—ED. RECORD. W.J.]

Viburnum Prunifolium.—The black-haw bush, or small tree, everybody knows; but medicinally, very few know that the profession have in it a real remedy in threatened abortion, or flooding after it. I was called to see a lady in her seventh month of pregnancy, with violent pains coming on every five minutes, and which had been increasing for several hours. I gave her at once one drachm of the fluid extract, with thirty grains of hydrate of chloral. In an hour the pains moderated some little, and I repeated the viburnum, with twenty grains of chloral. Two hours after I gave the same, and the pains subsided. The patient slept several hours. In six or seven hours the pains returned again, and I again gave one drachm of viburnum and twenty grains of chloral; I gave three doses, subduing the pains. Being called away to a labor case, I was absent *twelve* hours, and being sent for hurriedly, I found my patient, as before, with more violent pains, and the os uteri opened three-fourths of an inch. I

repeated the same doses four times, and the pains subsided. This condition continued about eight days, but required less chloral each day. Every three or four hours I gave milk freely, keeping the bowels open by enemata. The patient bore the medicine well, and made a good recovery, and two months afterwards went through her labor satisfactorily.

I had often tried hydrate of chloral and other medicines, vainly, to check abortion or miscarriage, after the womb commenced opening.

Two months afterward I was called to see a similar case in threatened abortion, with flooding. I gave the viburnum alone, as I desired the patient to be awake in order to report hemorrhage. In two hours the pains and hemorrhage both ceased, with good recovery.

I was called last year to another patient—flooding dreadfully—and the contents of the womb were partially removed. I gave viburnum and ergot, and used hot-water injections with the bag syringe (otherwise called fountain syringe)—a great improvement on the rubber bulb. The flooding was violent, and required continuous use of the syringe and medicine for two days before the hemorrhage ceased. The abortion was complete.

A short time since I was called again to see the same lady, in her seventh month of pregnancy, with violent pains every seven minutes, but no flooding. I gave viburnum and chloral as before, but the stomach rejected three doses in succession. I then gave four drachms of viburnum and eighty grains of chloral by enema. In one hour the pains moderated somewhat. I gave half the quantity for the second dose, and the pains gradually stopped without further trouble. I used the fluid extract prepared by Parke, Davis & Co., Detroit.

If this preparation is not accessible, I would use the decoction of the fresh bark. The profession can rely on this remedy, and doubtless many lives will be saved by its prompt use.—*Dr. Cullen in Med. Herald.*

Fractures of the Forearm.—There is but one mode of dressing necessary for all fractures of the forearm, whether these be of one bone or of both, and whatever be their situation.

Method of Dressing.—The pieces for dressing a fractured forearm consist, first, of cotton batting; second, of light wooden splints; third, of bandages. The splints should extend from the elbow to the tips of the fingers; they should be a trifle wider than the wrist, to prevent lateral pressure upon the bones, and the obliteration of the interosseous space; they should not be much wider, else lateral displacement may occur. For convenience they may be shaped to the arm and hand. It will always be found more convenient to envelope the arm with the cotton, instead of padding the splints with the same; and where splints are padded with the cotton, it is always better to fasten this material by a few turns of ordinary sewing thread. The method of padding splints by securing the cotton with bandages, interferes greatly with their plasticity and comfort.

The bones, having been put in apposition by gentle extension, and the splints secured to the palmar and dorsal aspect of the arm by proper bandaging from tips of fingers to elbow; the arm is to be placed in a sling with thumb pointing upwards, in which position the bones

are half way between supination and pronation, and the interosseous space is well preserved. The dressing, when fitted for fracture of the forearm is not to be removed, if comfort declares that it is properly doing its work, for a week or ten days, when the splints are to be shortened, so that they shall not reach beyond the roots of the fingers—and these are to be exercised frequently to prevent stiffness. The interosseous pad, formerly considered necessary to preserve the interosseous space, is very nearly obsolete, and should be entirely so.

The pistol-splint does nothing toward preserving the interosseous space.

The complicated dressings for Colles' fracture of the radius are not called for, and such dressings as include a compress to correct deformity are to be condemned as unsurgical, not only at the wrist, but anywhere.

In Colles' fracture, after union has taken place, there frequently remains some of its characteristic deformity. In the young, this generally disappears under the play of the muscles, or sometimes in bone recently united, it may be remedied by actual compression.

A common result in Colles' fracture, and in fractures near the wrist in adults, and especially in the aged, is a severe and persistent neuralgia. It is best treated by the hot-water douche.

In fractures of both bones of the arm, and frequently after fracture of one bone, after union, there is a bowing of the forearm always toward the ulnar side. Sometimes this is chiefly apparent, often real. It will frequently disappear, even when excessive—under the play of the muscles, especially in the young.—*Dr. Cowling, at Kentucky Medical Association.*

Hypodermic Injection of Atropiæ Sulphur—A Specific for Sciatica.—Dr. Smythe, in Wolsh's Retrospect, claims this to be a specific in sciatica.

This remedy must be used in full doses. If less than the 1-24 to 1-12 of a grain be used, the success will only be partial, and after the patient has suffered from the drug once without relief, it may take some persuasion to make him undergo it again. I tried the effect of a small dose, 1-40 of a grain, in one case. The relief was only partial, and it was several days before the consent of the patient was obtained for a repetition of the remedy. The 1-16 of a grain produced a permanent cure, since which time I have never used less quantity.

The remedy must not be used when the system is under the influence of opium or any of its preparations, owing to the antagonism known to exist between these drugs.

If any dangerous symptoms should appear, they are readily counteracted by any of the preparations of opium. In none of my cases did I deem it necessary to use the antidote.

I tried this remedy in two cases of gonorrhœal sciatica, without any permanent relief. The medicine was administered three times in one case and twice in the other, producing its full constitutional effect each time, hence I am forced to the conclusion that this rare form of disease does not yield to the remedy any more readily than gonorrhœal rheumatism will yield to salicylic acid.

Allusion is made to one distressing case in which one-twelfth of a

grain of sulph. atropiæ was injected beneath the skin immediately over the tender spot in the nerve, at 3 o'clock P. M., or about an hour before the exacerbation. Patient had all the constitutional symptoms of belladonna poisoning developed in a moderate degree: dilatation of the pupils, disturbance of the vision, and dryness of the throat; oppression of the chest, iron bands around the forehead, delirium and so on. These symptoms subsided in about nine hours and left patient comfortable and entirely free from pain which never returned.

I saw the patient at noon on the following day and found him, to my surprise, walking about the ward without pain or inconvenience, the contracted muscles having fully relaxed, and good motion restored to knee-joint in less than twenty-four hours after the hypodermic injection was administered.

How to Preserve the Teeth.—(1.) The teeth should be cleaned at least once a day, the best time being night—the last thing. For this purpose use a soft brush, on which take a little soap, and then some prepared chalk, brushing up and down and across. There is rarely any objection to the friction causing the gum to bleed slightly.

(2.) Avoid all rough usage of the teeth, such as cracking nuts, biting thread, etc., as by so doing even good, sound teeth may be injured.

(3.) When decay is first observed, advice should at once be sought. It is the stopping in a small hole that is of the greatest service, though not unfrequently a large filling preserves the tooth for years.

(4.) It is of the greatest importance that children from four years and upwards should have their teeth frequently examined by the dental surgeon, to see that the first set, particularly the back teeth, are not decaying too early; and to have the opportunity of timely treatment for the regulation and preservation of the second set.

(5.) Children should be taught to *rinse* the mouth night and morning, and to begin the use of the tooth-brush early (likewise the tooth-pick).

(6.) With regard to the food of children, to those who are old enough whole meal bread, porridge and milk should be given. This is much more wholesome and substantial food than white bread.

(7.) If the above instructions were carried out, comparatively few teeth would have to be extracted.

Sand Bag for the Sick-Room.—One of the most convenient articles to be used in a sick-room is a sand bag. Get some clean, fine sand, dry it thoroughly in a kettle on the stove; make a bag about eight inches square of flannel, fill it with the dry sand, sew the opening carefully together, and cover the bag with cotton or linen cloth. This will prevent the sand from sifting out, and will also enable you to heat the bag quickly by placing it in the oven, or even on top of the stove. After once using this you will never again attempt to warm the feet or hands of a sick person with a bottle of hot water or a brick. The sand holds the heat a long time, and the bag can be tucked up to the back without hurting the invalid. It is a good plan to make two or three of the bags and keep them ready for use.—*Chicago Medical Times.*

Morphia and Chloroform Combined, for Anæsthesia.—Dr. Alex. Crombie, of Bengal, urges in *The Practitioner*, December, 1880, the administration of chloroform by inhalation, and, *as soon as slight insensibility is produced*, the hypodermic injection of about one-sixth of a grain of muriate of morphia. His experience has been that, by this method, prolonged anæsthesia is produced with an extremely small quantity of chloroform. Vomiting and asphyxia he thinks are much less likely to occur than when chloroform alone is used, and the fact that insensibility is maintained for some time without the inhalation of chloroform makes this plan specially valuable in operations about the face.

He recommends, also, a method for keeping open the passage to the larynx, which, though not new, is not so well known as it should be, for it is of great practical value. This consists in thrusting forward the lower jaw, by pressure against the ascending rami, until the lower teeth overlap the upper. By so doing, the tongue and hyoid bone are dragged forward more effectually than by the plan of pulling the tongue forward.—*Specialist*.

Aromatic Tetrachloride of Carbon.—Tetrachloride of carbon was brought into notice as an anesthetic and sedative by Dr. Protheroe Smith, in a series of papers which appeared in the *Lancet* of May and June, 1867. It is a colorless, exceedingly volatile liquid, having a delicate odor not unlike that of quince. From Dr. Protheroe Smith's papers it appears that, when inhaled, this body is very effective in removing the pains of labor and of dysmenorrhea, and that it has been extensively and successfully employed for headache, toothache, neuralgia, lumbago and rheumatic pains, applied externally on American leather cloth. Dr. Protheroe Smith has found it very efficacious in the mitigation and cure of hay-fever. He usually prescribes a very purified and perfumed compound manufactured by Corbyn & Co., which he calls *Aromatic Tetrachloride of Carbon*, and for which there is considerable demand. "This new sedative, to which Dr. Protheroe Smith called attention in the *Lancet* about ten years ago, is prepared in a very agreeable form by Messrs. Corbyn. It has an odor like that of quince, and is said to have been useful in removing the pains of labor and dysmenorrhea, in hay-fever, and in neuralgia."—*Lancet*.

Hypodermic Injections of Coffee.—Dr. M. A. Pallen, of New York, has had occasion to inject a solution of coffee subcutaneously in two cases. These injections were given to control the vomiting that had been excited by previous doses of morphia. The effect is tonic and stimulating, and promptly sedative to stomach irritability. In one case an over-dose of morphia had been taken, which was followed by the usual narcotic effects, and thirty minims of strong fluid extract of Java coffee introduced into the abdominal parieties stimulated effectively. After a short interval another subcutaneous injection was made a little above the epigastrium, and finally another in the right arm over the deltoid. Abscess followed the use of the coffee when used cold, but when warmed slightly to the temperature of the blood it never caused abscess in Dr. Pallen's practice.—*Journal of Materia Medica*.

Usual Situation of Diphtheritic Membrane.—Dr. Chisolm reported two cases of diphtheritic deposit confined exclusively to the lower eye-lids. The glands at the angle of the jaw were enlarged. There was no febrile excitement. Iodoform locally applied caused rapid disappearance of the membrane.

Dr. Arnold mentioned the case of a child who, three days after the operation of circumcision, was taken ill. A large diphtheritic patch formed on the wound. The cervical glands were enlarged, although nothing was to be seen on examining the throat. The glands in the groins were not enlarged. The child gradually sank and died. Diphtheria was present in the neighborhood at the same time.—*Virginia Medical Monthly*.

Germany has 8,404 Doctors of Medicine, of which 944 are at Berlin, under legal direction, with medical judges. It may have defects, but better to live with defects than not at all.—*La France Medicale*.

Boracic Acid for Cholera.—The London Lancet calls attention to the value of boracic acid in cholera, as exhibited in the cases treated by Surgeon Butler, of the Madras Medical service. It was, it appears, at the period when the properties of boracic acid were first made public, that Dr. Butler determined to try its effects in this direction. The pure acid not being procurable, the biborate of soda (borax) was at first employed, and with marked benefit, the percentage of recoveries being from 70 to 75 per cent. Subsequently he used the pure acid in ten grain doses every two hours, combined with borax or biborate of soda, under which treatment every case recovered. Dr. Butler further asserts that in no case were any signs of irritation or ill effects observed from the remedy, and in all of them the renal secretion was re-established with much greater facility than under any other method.—*Ibid*.

Heroic Police.—A few days ago, about 8 o'clock in the morning, the people on upper Broadway were startled by beholding a negro running down the street stark naked, and pursued by a large crowd of men and boys shouting "small-pox!" He was quickly captured, however, by two policemen, who threw a horse-blanket over him, and took him to a neighboring station-house, whence he was presently conveyed to the reception hospital, at the foot of East Sixteenth street. It seems that the man had gone to bed not feeling well the evening before, and that during the night confluent small-pox had developed itself. In the morning, in the violent delirium peculiar to the disease, he had sprung out of bed, torn off his night-shirt, and rushed into the street naked.—*Cin. Clinic*.

Cure for Night-Sweats.—A powder, composed of 3 parts salicylic acid and 87 parts of magnesium silicate, is used in the German army as a remedy for sweating of the feet. Recently a Belgian physician tried its efficiency in several cases of night-sweating by consumptives. The beneficial effect was immediate and permanent. The powder was rubbed over the whole body. During the application the mouth should be protected with a handkerchief.—*Scientific American*.

The Wet-Sheet in Pneumonic Fever.—Dr. Austin Flint, in a recent clinic (Gaillard's Medical Journal, March, 1881), reported three cases of pneumonic fever, treated by means of the wet-sheet. The plan of treatment was as follows:

The directions were to employ the wet-sheet whenever the axillary temperature exceeded 103° Fahr. The patient was wrapped in a sheet saturated with water at a temperature of about 80° Fahr., the bed being protected by an India-rubber covering. Sprinkling with water of about the same temperature was repeated every fifteen or twenty minutes. If the patient complained of chilliness, he was covered with a light woollen blanket, which was removed when the chilly sensation had disappeared. In none of the cases was the blanket used much of the time while the patient was wrapped in the wet-sheet. The patient remained in the sheet until the temperature in the mouth fell to 102° or lower, care being taken to watch the pulse and other symptoms. When the temperature was reduced, the wet-sheet was removed, and resumed if the temperature again exceeded 103° Fahr.

The first case entered the hospital on the third day after the attack. On the second day after his entrance the wet-sheet was employed thrice. He remained in the sheet the first time, two hours and forty-five minutes; the second time an hour and a half, and the third time an hour and ten minutes. On the second day the wet-sheet was employed once, and continued one hour. On the third day, the wet-sheet was not employed, the temperature not rising above 103 . On the fourth day, the wet-sheet was employed once, and continued for an hour. There was complete defervescence on the fifth day, and no return of the fever afterward. Dating from the attack to the cessation of fever, the duration of the disease was seven days. The patient had no treatment prior to his admission into the hospital. The treatment in the hospital, in addition to the employment of the wet-sheet, consisted of carbonate of ammonia in moderate doses, whisky given very moderately, and a little morphia. The patient was up and dressed five days after the date of the defervescence. There were no sequels, and the patient was discharged well.

The second case entered hospital seven days after the date of the attack. She had no medical treatment prior to her entrance. The wet-sheet was employed on the second day after her admission, and continued for six hours. Complete defervescence took place on the third day. Recovery followed without any drawbacks. Both lobes of the left lung were involved in this case. The invasion of the second lobe, probably, was about the time of her admission into hospital.

The third case entered hospital three days after he was obliged to give up work. On the day of his entrance the wet sheet was employed and continued ten hours. The wet-sheet was employed on the second day after his admission, and continued for five hours. Defervescence took place on this day. The duration of the fever was five days, dating from the time he was obliged to give up work, and seven days from the occurrence of chills and pain in the chest.

Dr. Flint said the histories of these cases as bearing upon the treatment employed, were of considerable interest. They certainly show

that in cases like those which were selected, the treatment is not hurtful. More than this, they render probable the inference that the disease was controlled and brought speedily to a favorable termination by the treatment. They also go to show that the disease is essentially a fever, and that treatment is to be directed to it as such, and not as a purely local pulmonary affection. It remains to be determined by further observations how often and to what extent this method of treatment has a curative efficacy. It is also an important object of clinical study to ascertain the circumstances which render the treatment applicable to cases of pneumonic fever, and, on the other hand, the circumstances which may contra-indicate its employment in this disease.—*News and Abstract.*

Sodium Phosphate in Habitual Colic.—Dr. R. N. Taylor writes in the Medical Herald:

"It has fallen to my lot to have been beset with a number of patients who would persist in having colic at the most inopportune moments imaginable; first one, and then the other, then still another one, these colicky friends of mine were constantly interfering with my professional engagements, and what was more important still, with my hours of rest. Without entering into a discussion of the pathology of these cases, I beg leave to present in brief the history of one of the worst I have ever seen, together with the treatment, which resulted in completely warding off the attacks in this case, as in all others in which it has been carried out:

"Mrs. H., aged seventy-two years, for fifteen years has been the subject of attacks of cramp colic, recurring at first every two or three months, but for six years past coming on every two weeks, sometimes every week; has taken nearly everything in the materia medica, both at the hands of regulars and quacks, without any benefit, the attacks continually recurring, and that without any regard to errors of diet, coming on at nearly regular intervals, no matter how careful or how particular she might be in regard to her diet.

"During the paroxysms of colic the pain is most atrocious, accompanied by cramping pain in the extremities, nausea, vomiting, etc., to such an extent as to demand my immediate presence, armed with the hypodermic syringe.

"This patient was put upon the use of phosphate of soda, grs. xxx., ter in die, before meals and—the fees stopped! She had no more attacks of colic. If she omits the use of soda for a length of time, say six or eight weeks, she will have a few premonitory twinges, the precursors of a more severe attack; but immediately obtaining a supply of the drug, she is safe so long as she continues to use it, and for some time afterward.

"This is not an isolated case, but one of several that could be adduced in favor of the use of phosphate of soda in the colic habit; but it is deemed useless to multiply instances upon so trivial a matter. Suffice it to say that I have never failed to see the administration of phosphate of soda followed by a complete cessation of the attacks of colic, and my experience in the use of this drug has now become quite extensive.

"In these cases I generally begin with thirty grains three times

day, and if that amount produces much irritation of the bowels, indicated by frequent small discharges, attended perhaps by some tenesmus, I diminish the dose to twenty or fifteen grains. It is to be administered before meals, from a half to one hour, in a glass of water, and when thus dissolved it is not at all unpleasant to the taste.—*Drug Circular.*

Suit for Damages.—A curious suit against a physician (Boston Journal, April 2d, 1881), which illustrates one of the perils of the profession, was brought to a close lately in Philadelphia. The facts were these: A man having been injured by a street-car passing over his limbs, a passing physician's carriage was stopped, and the physician—who happened to be Dr. William B. Atkinson, the affable Permanent Secretary of the American Medical Association—made to descend and give an opinion as to treatment. The advice given was to send for an ambulance and have the case taken to a hospital. The man dying a few days later, the widow brings suit against Dr. Atkinson for substantial damages for not yielding more prompt and efficient service to the patient, although no consideration had passed, and no special claim for such service shown to exist. When the case came up, Judge Ludlow ordered a non-suit to be entered for the plaintiff. Although this case did not go to a jury, where the issue would be uncertain, yet the defendant was put to considerable expense and loss of time, and a great deal of annoyance, by the prosecution, which made it an ordeal to which one would not be willingly subjected.

Poisonous Ice.—The Connecticut State Board of Health (Report for 1879) informs us that, in several instances, attention has been drawn to sewage-contaminated ponds with ice-houses upon their borders, and that several isolated cases of enteric disease, and one death, from the free use of ice polluted by sewage, have been recorded in that State during the year.

The curious natural experiment of the United States vessel, "Plymouth," an elaborate report of which was reviewed in the American Journal of the Medical Sciences for January, 1881, shows conclusively that the germs of yellow fever are not infallibly destroyed by a freezing, probably not by a zero temperature. Without venturing on any of the unsound reasoning from analogy, too common among medical theorists, this fact alone is sufficient to warn us of the possible danger that the poisons of enteric fever and other zymotic affections are not destroyed by the congelation of the water in which they float, even without the direct and positive testimony such as that given above that impure ice, especially when gathered from ponds polluted by sewage, may constitute a prolific cause of disease.—*News and Abstract.*

Operative Interference in Gunshot Wounds of Peritoneum.—* * * "In view of these facts, the writer ventures to advocate operative interference in gun-shot penetrating wounds of the peritoneum with any visceral lesion, and similar cases without visceral injury. The wounds in the abdominal walls should be enlarged, or the linea alba opened freely enough to allow a thorough inspection

of the injured parts. Hæmorrhage should be arrested. If intestinal wounds exist, they should be closed with animal ligatures, trimming their edges first if they are lacerated and ragged. Blood and all other extraneous matter should be carefully removed, and then provision made for drainage. If the wound of entrance is dependent, drainage may be secured by keeping this open. If the wound is a perforating one, and the aperture of exit dependent, the potency of this should be maintained, and, if necessary, a drainage tube of glass or other material introduced. If there is no wound of exit, and the wound of entrance is not dependent, then a dependent counter opening should be made and kept open with a drainage tube. If it is urged that the means suggested are desperate, it can be said in reply that the evil is desperate enough to justify the means.—*Maryland Med. Journal.*

Psylum Seed in Constipation.—We read in *Paris Medical* that Mr. Noel Gueneau de Mussy proposes using psylum or sarragota seed, besides white mustard seed, the use of which is excellent, or flax seed in the natural state.

Psylum is a species of plantain, commonly called fleawort, because of the appearance of its seeds, which are quite small, and very mucilaginous. A tablespoonful in half a glass of water is taken before dinner. He says that with a number of persons this method has proven as successful as with the Spanish lady from whom he obtained it. In other cases, however, he was obliged to alternate with more powerful laxatives, such as aloes or rhubarb, so as to keep up the effects. It is probable that psylum seed, like others of its kind, is not persistent in its effects, although in a number of cases it seems to have been so.—*Med. and Surg. Reporter.*

Dangers of Chlorate of Potash.—Speaking of diphtheria, Dr. Jacobi said: "In this connection I desire to say a final word in regard to large doses of chlorate of potassium, often recommended for diphtheria. My warnings in regard to this drug have at last been heeded. Extracts from my writings on this subject have been extensively published, and experiments on animals, made in Europe by Marchaud and others, have proved my clinical observation of the frequent occurrence of nephritis, and fatal nephritis, resulting from the incautious use of potassium chlorate. A number of fatal cases have been described, and it may be that much carelessness on the part of the public, and many accidents will be avoided in the future.—*Proceed. Amer. Med. Association.*

French Treatment of Asthma.—Dr. Evrard is said to have obtained very satisfactory results in a severe case of asthma from the use of sprays of iodide of potassium. The patient, a man thirty years of age, had suffered for eight months from daily attacks of asthma, and had also been subject to chronic bronchitis for five years. At the time the treatment began, he had three or four attacks a day, and was reduced to a pitiable condition. After assiduous use of the spray for eight days, the asthmatic attacks had almost entirely ceased. Eighteen months have elapsed since then, but the patient has continued to use the spray and the attacks have not returned. The strength of the solution used was 1 to 20.—*Ibid.*

Mortality on the Globe.—The Scalpel cites from the Gazette Medicale de Saint Petersburg, a curious calculation concerning the deaths and births of the earth. The population of the earth numbers 309 millions, of Asia 804 millions, of Africa 109 millions, and of America 85 millions. Taking as a basis for calculation the average mortality of France, which is comparatively low, because of its splendid hygienic and climatic conditions, the number of deaths for the whole globe is computed at 35,639,835 per year, 97,790 per day—67 per minute.

The number of births would be about 70 per minute, 100,800 per day, 36,792,000 per year.—*Lyon Medical*.

A Triumph of Dentistry.—At the last meeting of the Medical Society at Strasburg, reported in the Medical Gazette of Strasburg, Dr. Julius Böeckel presented, in the name of M. Sauval, dentist, a lady for whom the latter had extracted a small molar tooth for dental caries, with violent pain; and, having found it slightly carious to the bottom of its root, he sawed off the points of the root, filled it with gold carefully throughout the carious channel, and then reimplanted the tooth. The lady was free from all her pain; the tooth re-established itself solidly in the mouth; and, at the date at which she appeared at the Society (three weeks after the operation), the tooth served for mastication as well as her other teeth. This is certainly a remarkable example of what is technically described as dental autoprosthesis with aurification.—*British Medical Journal*, Jan. 29, 1881.

Cascara Sagrada, or Rhamnus Purshiana.—I have used this drug for two years, and find it excellent for constipated bowels. When the rectum is torpid, and no other organ is affected, cold water enemata often restores regular passages, particularly after hard labors; but everything fails to act after one or two passages, and this drug proves a good remedy, and requires small doses. It is thought to act by toning the bowel to its natural function; but whatever the theory may be, its good effects have been acknowledged by hundreds of people wherever it has been used. When this remedy fails to act, as it does sometimes, I add one or two drops of the fluid extract of belladonna, and natural passages are obtained.—*Dr. Cullen in Med. Herald*.

Whooping Cough.—Dr. Mayes, in Journal of Materia Medica, says: I have found nothing else to relieve whooping cough so certainly and so quickly as quinine in small and frequent doses. In cases of young infants, 1-6 to 1-4 grain, repeated every two or three hours, will give decided relief in a few hours. For children of one year old, I prescribe 1-2 to 3-4 grain once in three hours. The cure is effected, or the disorder so much relieved as to be regarded as cured, in a week or ten days.

Chloral Hydrate for Toothache.—Dr. Sporea has found that chloral hydrate applied to a decayed tooth will often give instant relief. He puts three or four crystals (about 5 centigrammes) on a piece of cotton wool, and applies it direct.—*Electric Medical Journal*.

SCIENTIFIC ITEMS.

Trees and Lightning.—Professor Colladon, of Geneva, published the conclusion several years ago that, when lightning strikes a tree, it is received on the ends of the branches, which, being excellent conductors, lead it, without suffering disturbance, down to the larger limbs. Thence it descends to the main limbs and the trunk, whose conducting power, intrinsically inferior to that of the smaller and younger shoots of the top, is insufficient to sustain the concentrated force of the currents which have united here from the thousand channels by which they have so far descended. Here, then, generally appear the first marks of the shock, not because the lightning has struck the tree at that place, as might be superficially supposed, but because the conducting powers of the tree begin to fail at this point. This view was satisfactorily confirmed by the effect of the lightning upon a poplar tree, which was struck at Geneva on the 5th of May, 1880. The young, tender leaves of the main topmost branch of this tree and of the branches immediately below it were torn up into small fragments, which strewed the ground below them, as if they had undergone a violent shock of air, such as would be produced by an explosion of dynamite. Many trees may be compared, in respect to their power to conduct electricity, to structures of wood or masonry, which are well furnished with conductors on their upper part, but with which no conducting connection with the ground is given. If such a building were struck with lightning, its upper part would not be hurt, while its lower part would suffer badly.

The danger of being struck by lightning, to which persons standing under a tree are exposed, is thus accounted for. The top of the tree, bristling with conducting twigs, attracts the lightning; the current, meeting with non-conducting obstacles at the trunk, jumps from it to the surrounding bodies, whether they be bushes or men and animals. Of two persons, one standing under the tree, the other sitting among the limbs at the top, the latter would be in a vastly safer position. Birds having nests in trees are rarely struck by lightning, and their nests are hardly ever damaged. Large trees growing near a house will protect it from lightning, provided there is no pond or well or stream beyond the house to attract the current across it. If the water is on the same side of the house as the tree, or the tree is between it and the house, or has a rod attached to it, the protection is almost perfect.—*Popular Science Monthly*.

Refrigeration and Animal Heat.—Dr. Paul Delmas, of Bordeaux, has published the results of some experiments in refrigerating a healthy person by exposing him, during from a quarter of a minute to five minutes, to a bath of water at 50°, in which he took notice of the temperature of the subject during the exposure and every five minutes in succeeding hours. During the application of the cold, while the subject showed every sign of very intense sensations, the temperature of the body hardly varied at all, or, at most, less than half a degree from that recorded in the beginning. It still varies but little after the

application is over, if, having been dried and dressed, the subject remains perfectly still; but if he exert himself actively, either immediately or after a time of immobility, so as to bring on the external phenomena of cold reaction, the temperature suddenly falls. The reduction persists for several hours, and is more pronounced as the sensation of heat in the subject is stronger. On the other hand, if chill continue or reappear, the animal temperature either does not fall or begins to rise again. The pulse suddenly becomes very quick at the beginning of the cold application; its velocity diminishes after a few seconds, and by the end of the experiment returns to the original rate, or falls below it. The retardation stops or progresses slowly if the subject keeps quiet, but becomes more pronounced and persistent as he gives signs of energetic reaction and of a general sensation of heat.—*Pop. Month.*

Precocity a Sign of Inferiority.—M. D. Delaunay, in a communication to the French Societe de Biologie, has advanced the opinion that precocity is a sign of biological inferiority. In support of his position, he adduces the fact that the lower species develop more rapidly, and are at the same time more precocious than those higher in the scale. Man is the longest of all in arriving at maturity, and the inferior races of men are more precocious than the superior, as is seen in the children of the Esquimaux, Negroes, Cochinchinese, Japanese, Arabs, etc., who are, up to a certain age, more vigorous and more intellectual than small Europeans. Precociousness becomes less and less in proportion to the advance made by any race in civilization—a fact which is illustrated by the lowering of the standard for recruits, which has been made necessary in France twice during the present century, by the decreasing rapidity of growth of the youth of the country. Women are more precocious than men, and in all domestic animals the female is formed sooner than the male. From eight to twelve years of age a girl gains one pound a year on a boy, and in mixed schools girls obtain the first places up to the age of twelve. The inferior tissues and organs develop before the higher ones, and the brain is the slowest of all organs to develop. M. Delaunay concludes his paper by stating that the precocity of organs and organisms is in an inverse ratio to the extent of their evolution.—*Ec. Med. Jour.*

Telegraphing without Wires.—Prof. Loomis has been for some months experimenting in the West Virginia mountains on his aerial telegraphy, and has succeeded, by running up wires to a certain altitude, in reaching the current of electricity which he claims can be found at that height, and by means of which communication can be had at any distance. It is said the professor has telegraphed to parties eleven miles distant, by merely sending up a kite at each end of the distance to a certain height, attached to which, in place of an ordinary string, was a fine copper wire. When both kites touch the same current, communication was had between them, and messages were sent from one end to the other by means of the ordinary Morse instrument in connection with the instrument invented by Prof. Loomis. He now has a project for a series of experiments from a point on one of the highest peaks on the Alps, in Switzerland, to a similarly situated place in the Rocky Mountains on this side of the world.—*Com. Bul.*

PRACTICAL NOTES AND FORMULÆ.

Treatment of Chronic Cystitis.—In a very complete article on "chronic cystitis" in the *Dictionnaire Encyclopedique des Sic. Med.*, M. Chauvel indicates the following preparations:

R Turpentine..... 3 ss.
 Camphor..... gr. xv.
 Ext. hyoseyamus..... gr. ½. M.

Sig. The ingredients are to be well mixed, and a piece the size of a cherry stone taken morning and evening.

Thompson frequently prescribes, with success, an infusion which he had seen an American use with benefit. It can be given in all forms of chronic cystitis:

R Uvæ ursi fol..... 3 j-ij.
 Paeelræ. bravæ. rad..... 3 j-ij. M.

Sig. Boil a quart and a half of water to a quart. Take from f. 3 ij to f. 3 iv, four or five times a day.

M. Gosselin recommends benzoic acid, to prevent the development of ammonia. He gives at first 15 grains per diem, gradually increasing to 60 and even 90 grains, without causing any trouble, save a slight parching of the throat. This treatment generally neutralizes the acidity of the urine after seven or eight days.—*Medical and Surgical Reporter.*

Dr. Bulkley's Ointment for Eczema.—

R Ung. ricis..... 3 i.
 Zinci oxidi..... 3 ii.
 Ung. aquæ rosæ..... 3 iii. M.

Irritable Bladder.—Many cases of irritable bladder, not dependent upon phosphatic deposit, may be relieved by the free use, internally, of benzoic acid. The following formula has been used many times with success in cases where direct pressure by an enlarged uterus or a general pelvic congestion alone suggested the cause:

R Acidie bnzoicæ..... 3 ii.
 Sodæ biborat..... 3 iij.
 Aq. cinnamoni..... 3 iv.

M. Sig.—A tablespoonful every two hours till relief.—*Medical Review.*

Quillaia Toothwash.—

Soap bark, ground..... 4 oz.
 Glycerin..... 3 oz.
 Diluted alcohol, sufficient for..... 2 pints.
 Oil of peppermint..... 20 drops.
 3

Macerate the soap-bark in the mixture of glycerin and diluted alcohol for three or four days, and filter through a little magnesia previously triturated with the volatile oil.

Soda Mint.—

Bicarbonate of soda.....	4 drachms.
Aromatic spirit of ammonia.....	1 ounce.
Spearmint or peppermint water.....	16 ounces.

Mix. Dose, from a desertspoonful to a tablespoonful for adults.

Napoleon's laxative, prescribed for him by Corvisart, was as follows :

R Potass. borotartrat.....	3 ss.
Antimon. et potass. tart.....	gr. 1.
Sacchar.....	3 j.
Aquæ.....	3 xv.

M. Dose, a wineglassful frequently till it operates.—*Medical Review.*

For Albuminuria in Pregnancy.—

R Tr. terri chloridi.....	2 drachms.
Potassæ chloras.....	2 drachms
Morphiæ murias.....	1 grain.
Tr. digitalis.....	1 drachm.
Aquæ distilat.....	ad. 2 ounces.

M. Sig. A teaspoonful every six hours.—*Peoria Med. Monthly.*

Arthritis.—When the joints remain swollen after the subsidence of the acute symptoms, this formula has been found beneficial :

R Lithli bromidi.....	3 drachms.
Syr. zingerberis.....	1 ounce.
Aq. puræ.....	1½ ounces.

M. Sig. A teaspoonful three times a day.

Eczema.—

R Liq. plumbi sabacetæ.....	1 ounce.
Glycerin.....	½ ounce.
Cherry laurel water.....	3½ ounces.

M. Sig. Lotion. Will be found useful in eczema characterized by great heat, redness and excessive discharges.—*Med. Gazette.*

Syphilitic Neuralgia.—

R Idoformi.....	22 grains.
Ex. gentianæ.....	
Pulv. gentianæ.....	aa. q.s.
M. Ft. pil. No. 20.	

Sig. Two or three to be taken daily. The above prescription is employed by Prof. Zessl in this form of neuralgia.—*Med. and Surg. Reporter.*

Esmarch's Caustic Powder—For removal of morbid growths is made of—

Arsenious acid.....	1 part.
Sulphate morphia.....	1 part.
Calomel.....	8 parts.
Pulv. gum arabic.....	48 parts.

Mix. Sprinkle thick every day upon a surface either raw or denuded of cuticle by a blister. This is said to be painless.—*Dr. E. Andrews, in Mich. Med. News.*

The Administration of Cod-Liver Oil.—If to each ounce of the oil are added two fluid drachms of tomato or walnut catsup, and this be well shaken when required for use, a mixture is formed which many persons have found quite palatable and to agree with the stomach better than any other form in which it had been taken. Another and not unpalatable mixture can be made and often taken readily by the patient, which consists of—

Liebig's extract beef.....	3 ss.
Extract celery seeds.....	fl 3 ss.
Vinegar.....	fl 3 j.
Water.....	fl 3 ij.
Cod-liver oil.....	fl 3 v.

Dissolve the extract of beef in water, add the vinegar and oil, shake well together with the extract of celery.—*Am. Jour. of Pharm.*

Tully's Powder.—

R Cretæ prepar,	
Pulv. camphoræ,	
Extract glycyrrhizæ.....	aa 3 xxxij.
Morphiæ sulphatis.....	3 j. M.

Dose 5 to 10 grains.

For the Stomach.—The following is recommended as a good appetizer—

R Aqua menth pip. destill.....	3 viii.
Tr. gentian,	
Tr. aurant cort.....	av 3 iii.
Tr. cardam comp.....	3 i.

M. S. 3 ss ten minutes before eating.

Tartaric Acid in Diphtheria.—A writer in a French journal advises tartaric acid as a local application in diphtheria. He says:

The tartaric acid acting on the false membrane, changes it into a gelatinous mass and thus favors its expulsion. The formula he uses is

R Acid tartaric.....	3 liiss.
Glycerine.....	3 i vss.
Aqua menth pip destill.....	3 ss 3 liiss.

• Applications of this should be made every three hours, followed soon after by the use of lemon juice,

Ointment of Wormwood.—In reply to the inquiry regarding this preparation, Dr. R. Smith, Milford, Ill., kindly sends us the following note:

Ointment of wormwood, which I consider one of the best dressings extant for foul ulcers or for fresh cuts, is made as follows:

Wormwood leaves.....	15.0,
Lard.....	35.0,
Camphor.....	6 0,
Opium, in powder.....	1.0,
Glycerin.....	15.0,
Petroleum ointment.....	30.0.

Add the wormwood to the lard and fry together for about one hour, and strain. Triturate together the camphor, opium, petroleum ointment; and when the lard is sufficiently cooled mix all together, adding the glycerin, and stir the ointment until cold.—*Pharmacist and Chemist.*

Asthma.—The following has been found very useful as a hypodermic injection in asthma—

R Morph. sulph.....	gr. ʒj.
Atropia sulph.....	gr. ʒ.
Aqua laurocerasi	ʒ ss.
M. Ft. solutio.	

Each syringeful of the above has one-fourth grain of morphia and one ninety-sixth atropia.

Improved Dover's Powder.—Dr. H. D. Vosbough, of Lyons, writes: "After trying various compounds, I have for several years used the following with results entirely satisfactory.

"In order to keep gum-camphor in a perfect powder, I grind it with an equal bulk of the English creta præparata; this I dispense as pulverized camphor. Now, my Dover's powder is compounded as follows, viz:

R Opii pulv.....	
Ipecac pulv.....	aa ʒj.
Potass. nit. pulv.....	ʒ iv.
ʒ pulv. camph. (prepared as above noted)	
Rad. glycyrrhiza pulv	ʒ ij. M.

"This seems to me a better anodyne, a better sudorific, and a better hypnotic than any other compound I have ever seen called Dover's powder."—*N. Y. Med. Record.*

Preparation for Corns.—Jazow, in the *Vratch Vedomosti*, quoted by the New York Medical Record, recommends painting the corns with the following preparation: Ext. cannab. indicæ, 5.0; acid. salicyl. 20.0; collodii, 240. In all cases where it was used, the corn rapidly disappeared.

DR. J. C. BATDORF, of Mechanicsville, read an essay on the hypodermic treatment of hemorrhoids, with cases. The formula which the doctor uses is—

R Carbolic acid crystals.....	ʒ ij.
Pure olive oil.....	gtt. xxv.

Dissolve the acid by heat, and add the oil.—*Med. and Surg. Rep.*



EDITORIALS AND MISCELLANEOUS.

Receipts of Subscribers postponed until next issue.

DR. H. L. BARTLETT was appointed by the American Medical Association as a delegate to the British Medical Association.

Canned Beef not Safe.—Eight cases of poisoning from eating canned beef has been recently reported in New York city.

U. S. Dispensatory.—There is no new U. S. Dispensatory, as one of our correspondents seems to suppose. The National Dispensatory is now being used in its stead.

Richardson & Co., Wholesale Druggists, St. Louis.—We invite special attention to the advertisement of this excellent and reliable house. Their combination called CELERINA is attracting attention. Read the advertisement.

Lambert & Co., Manufacturing Chemists, St. Louis.—This reliable and enterprising house commences an advertisement of their antiseptic preparation LISTERINE, in this issue of our Journal. It is an excellent preparation. See the advertisement.

Dr. Sayer Sued for Malpractice.—It is stated that Dr. Sayer, of New York, made the following prescription for a lady, who, having a train of hysterical symptoms of a peculiar character, attributed them to the medicine—

R Aloes ʒjss.

Ext. hyosclamus,

Ext. nux vomica, aa ʒss.

M. Ft. Pills No. thirty. One to be taken every four hours.

The patient took four of the pills in less time than that prescribed. The testimony, however, showed that the symptoms were due to hysteria, and not to the medicine.

Birth Rate Declining.—It is affirmed that there is a decline in the birth-rate in this country, a fact not heretofore noticed in our census returns. While there is a rapid increase of population in the United States, it is due in a greater proportion than formerly to immigration; the ratio of increase from births being less than that indicated by the census in the earlier history of the country. There are two reasons assigned for the decline of the birth-rate—the one, an increase of menstrual disorders consequent upon the educational methods and fast living of the day, by which brain culture and precocious habits are unduly developed at the expense of physical health and strength; the other, the very perceptible fact that families are numerically smaller than in years past, indicating the use of various methods and means to prevent conception. This is the evil, which, of late years, has alarmed

the statesmen of France, in which country it has been, perhaps, more prevalent than elsewhere, and has given rise to serious apprehensions for the future growth and prosperity of the Empire.

Dr. Goodell, in an address before the Medical and Chirurgical Society of Maryland, attributes this growing evil to "*The faulty system of female education, the decay of home-life, etc., and the unwillingness of our women to become mothers.*"

INTERNATIONAL MEDICAL CONGRESS.

It is estimated that 2,000 foreign medical men will attend the International Medical Congress to assemble in London early in the month of August next. The International Medical and Sanitary Exhibition will open at the same time and place.

PAMPHLETS RECEIVED.

HOW WE FED THE BABY to Make it Healthy and Happy, with Health Hints; by C. E. Page, M. D. New York, Fowler & Wells, publishers, 753 Broadway.

CLINICAL ILLUSTRATIONS OF FAVUS, and its treatment by a New Method of Depilation; by L. Duncan Bulkley, A. M., M. D., attending physician for Skin and Venereal diseases at the New York Hospital, out-patient department; late physician to the Skin Department, Demilt Dispensary, New York, etc. [Reprinted from the Archives of Dermatology, Vol. vii, No. 2, April, 1881.] New York, G. P. Putnam's Sons, 27 and 29 West 23d street, 1881.

EIGHTH BIENNIAL REPORT of the Trustees, Superintendent and Treasurer of the Illinois Asylum for Feeble-Minded Children at Lincoln. October 1, 1880. Springfield, H. W. Rokker, State Printer and Binder, 1881.

REPORT OF THE PENNSYLVANIA HOSPITAL FOR THE INSANE, for the year 1880; by Thomas S. Kirkbride, M. D., Physician-in-Chief and Superintendent. Published by order of the Board of Managers. Philadelphia, 1881.

BOOK NOTICES.

A TREATISE on the Materia Medica and Therapeutics of the Skin; by Henry G. Piffard, A. M., M. D., Professor of Dermatology, Medical Department of the City of New York, Surgeon to Charity Hospital, etc. New York, William Wood & Co. Pressley & Blakiston, 1012 Walnut street, Philadelphia. Oc., 342 p.

We regard this as one of the most valuable works in relation to the Skin that has yet been published. It contains both a synopsis of the diseases of the skin and a therapeutical description of the various drugs and agents adapted to their treatment. The author truly remarks that "A correct knowledge of the drugs that affect the skin, and the ways in which they act, naturally precedes their application. It is equally necessary to know when and how to apply them."

The formulæ in the back of the work are varied and excellent. It is indeed a book of great merit, and should be in the library of every progressive physician.

THE DISEASES OF CHILDREN—a practical and systematic work for practitioners and students; by Wm. Henry Day, author of *Headaches and their Causes, Nature and Treatment*; member of the Royal College of Physicians of London, Physician to the Samaritan Hospital for Women and Children. Second edition, rewritten and much enlarged. Pressley & Blakiston, 1881. Atlanta, J. J. & S. P. Richards.

Seven hundred and fifty-two royal octavo pages, a work of practical merit, being the "outcome of private and hospital practice extending over a lengthened period." It is very recent, and in most cases brings to the student the latest advances in this important department. The subjects are varied; the chapters headed with full explanatory notes, and numerous valuable formulæ are found in the back part of the volume. We feel safe in recommending this as a very timely and valuable addition to our medical literature. It should be in the library of every medical student and every practitioner.

A COMPENDIUM OF MODERN PHARMACY AND DRUGGISTS' FORMULARY, Containing the recent methods of manufacturing and preparing Extracts, Tinctures, Fluid Extracts, Flavoring Extracts, Emulsions, Perfumery and Toilet articles, Wines and Liquors. Also, Physicians' Prescriptions, Liniments, Pills, Powders, Ointments, Syrups, Antidotes to Poisons, Weights and Measures, and miscellaneous information indispensable to the pharmacist. Second edition, by Walter B. Kilner, pharmacist. Springfield, Illinois, 1881.

We have in the above a work of 686 pages, elegantly gotten up, by a pharmacist of well known ability and undoubted reliability; a compilation of approved formulæ, of variety and composition adapted to every conceivable indication, and containing, in compact and elegant form, all the most recent and approved recipes, and the method of preparing them; the different kinds of tinctures, elixirs, syrups, perfumery, cosmetics, and, indeed, every delicate and important article usually found in the stock of every respectable druggist. A work replete with suggestions and information exceedingly valuable to the physician, and one which no progressive and reputable druggist can well afford to do without.

ANTAGONISM BETWEEN MEDICINES, AND BETWEEN REMEDIES AND DISEASES: Being the Cartwright Lectures for the year 1880; by Roberts Bartholow, M. A., M. D., LL. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia; Fellow of the College of Physicians of Philadelphia; member of the American Philosophical Society; President of the American Neurological Association; author of a *Treatise on Materia Medica and Therapeutics*, and a *Treatise on the Practice of Medicine*, etc. New York, D. Appleton & Co., 1881. J. J. & S. P. Richards, Atlanta. Price, \$1.25.

This book contains 144 octavo pages. The six lectures of which it is composed have already appeared in the journals, but are here compiled in most convenient form. They are exceedingly interesting and useful to the practitioner.

HYDROPHOBIA; by Horatio R. Bigelow, M. D., member of the Medical Association and Licentiate of the Medical Society of the District of Columbia. Philadelphia, D. G. Brinton, 115 South Seventh street, 1881.

A work of 154 octavo pages, neatly gotten up and containing full and interesting information in regard to the history, pathology, treatment, etc., of this strange and terrible malady.

SPECIAL NOTICES.

Johnston's Fluid Beef.—James Tyson, M. D., Professor of General Pathology, Morbid Anatomy in the University of Pennsylvania, says: "I am using 'Johnston's Fluid Beef' with a confidence which I have in no other preparation, being satisfied that the method of manufacture, if faithfully carried out as described, must secure all its albuminous, and therefore nutritious constituents, as well as the salts. I have used it in fever cases, and in other cases where concentrated food was required, and have every reason to be satisfied with the results."

Celerina is steadily growing in popularity with the profession as an efficient agent for the restoration of broken-down constitutions and shattered nervous systems.

The House of **Wm. R. WARNER & Co.**, of Philadelphia, has been long and favorably known to the Profession in the United States, and indeed have attained to a world-wide reputation. Their **SUGAR-COATED PILLS** have taken six grand world's fair medals. Their **CHEMICALS** are all of the finest and purest character, and their **PARVULES** are the admiration of the Profession throughout the Union. Their beauty and neatness of preparation adapt them to the most fastidious stomach, and the minute division as to quantity, makes it convenient to the practitioner in grading the dose to any required age or condition of the patient.

DR. WILLIAM B. TOWLESS, Demonstrator of Anatomy, Medical Department of the University of Virginia, says:

"From large experience and observation in the use of **BUFFALO LITHIA WATER**, I feel warranted in bearing testimony to its virtues in the following diseases: As an *Alkaline Alterative* and *Diuretic*, its power is unquestionable to control the formation and hasten the Elimination of *Uric and Oxalic Acid*, not only neutralizing uric acid, but so modifying the process of nutrition as to lessen its production in the system; and hence its well-known efficiency in the relief of **GOUT, RHEUMATISM, GRAVEL, INFLAMMATION** or **IRRITATION** of the mucous membrane of the **GENITO-URINARY TRACT**, many forms of **NEURALGIA, NERVOUS DEPRESSION, IRRITABILITY** and other kindred affections.

The House of **PARKE, DAVIS & CO.**, Detroit, Mich., has placed the Profession under deep obligations in the introduction of new medicinal agents from abroad. Many of them have proven highly valuable agents, adding to the armamentarium of the practitioner in his conflict with the multifarious forms of disease, and furnishing many useful and interesting additions to the department of *Materia Medica*. Their **SUGAR-COATED PILLS, EXTRACTS** and fine **CHEMICALS** are pure and reliable, and the zeal and indomitable energy of the proprietors are worthy of all praise.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1878, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

BEDFORD ALUM AND IRON SPRINGS.—The advertisement of these Springs may be seen in another part of this Journal, and should be carefully read. The Editors have tested its virtues. It is an excellent remedy in hemoptisis, or as an anti hemorrhagic in any case, especially of a passive character. As an injection in gleet, gonorrhoea, leucorrhoea, etc., it is highly useful. As a gargle in ulcerated sore throat it is very efficacious. In chronic diarrhoea it is often useful, and given in small doses, in the night sweats of phthisis it has been found an excellent remedy.

THE Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

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ATLANTA, GA., JULY 20, 1881.

No. 7.

ORIGINAL AND SELECTED ARTICLES.

CONVERSATIONS UPON THE PHYSICAL AND MENTAL HYGIENE OF GIRLHOOD.

BY T. S. POWELL, M. D.,

Professor of Obstetrics and Diseases of Women, and Lecturer on Medical Ethics in
the Southern Medical College.

CONVERSATION VI.

Doctor—"Good morning, madam; how time flies; I believe it has been nearly two weeks since my last visit."

Mother—"Yes, and I have been expecting you for several days, Doctor, and now that you have come, I am glad to see you."

Doctor—"Thank you madam, though doctors are told that every day, yet it makes them feel as a lady does when she hears she is handsome, peculiarly pleasant. How is Miss Mary? I presume you have heard from her since I saw you?"

Mother—"Yes, I have received one or two notes from her since then, and she reports a continual improvement in health. She requested me to tell you that she is following your instructions, walks several miles every day, romps and plays, and with good, well-cooked food, pure spring water, and plenty of sound sleep at night, she is gaining flesh, and really growing fat, compared to her weight when I stopped her from school."

Doctor—"I know how happy such news makes you feel, my dear madam, and I rejoice with you in your daughter's improvement. It will probably be several months before her catamenia is well established and regular, but I feel assured that in six or eight months she will be restored to perfect health."

Mother—"I indeed hope so; but, doctor, I still cannot think of the distressing and dangerous condition she was in without reproaching myself for my shameful ignorance as a mother, and feeling indignant with the errors in our public schools that so damaged my daughter's health."

Doctor—"While that may be true, madam, our public schools do a great deal of good, and it is our duty to work with their friends to correct all these errors; and as I said at my last visit, I am sure that this reform will yet take place. The good time is coming when the science of disease and preservation of health will be so well understood by teachers and parents, the people will know how to prolong life to extreme old age, and then die in possession of all their faculties, and without pain, as if really falling to sleep. This I believe is the design of the Creator, and as there is no such thing as science without interpretation by the light of Christianity, the people should all be taught that the culture and preservation of a sound mind in a sound body is not only a family, a social and public duty, but it is one of moral and religious obligation. No sensible person can think for a moment, and then deny that the cleaner and purer the body and mind are kept here in life, the better fitted we will be to inhabit that world where there is no disease or death."

Mother—"Yes, I should think so, and if we only knew how to keep a sound mind in a sound body, I do not think we ought to look upon it as so much of an obligation as a great privilege, and be very grateful for the knowledge, since it will add so much to our success, usefulness and happiness even in this life."

Doctor—"Very true, madam; but it is the proper education that will enable the people to look upon these things as high privileges as well as obligations. Men should learn the laws of vitality as well as those which govern mechanical, chemical, or financial forces. The first is indeed the more important, and when they acquire the knowledge they will then understand how to rest both body and mind, how to nourish and keep them in a state of health, vigor and perfection."

Mother—"Yes, doctor, if we all knew and practiced these things, what an improved people we soon would be."

Doctor—"This knowledge can be acquired only by being taught the chemical and hygienic laws that will enable the people to know which are the best elements of nutrition in food, and what are the most im-

portant factors for promoting growth, physical power, and perfect health according to the various ages and conditions of the individuals."

Mother—"And while this is all so important, I do not suppose one mother, or her cook, out of a hundred know anything about what is nutritious food, and what is not."

Doctor—"No, madam, I suppose not, and yet you see the imperative necessity for such knowledge. For instance, milk is the best food for children up to two or three years of age, because it furnishes the best proportioned combination of nitrogenous and carbonaceous elements which are necessary to develop nerve and muscular power, and produce firm, sound flesh rather than an excess of fat, which is not a healthy condition for a child under three or four years."

Mother—"Why, doctor, I thought the fattest babies were the healthiest."

Doctor—"No, madam, that is another popular error. The weight of the child is not so important as the quality of its flesh. If, as I have said, this is firm and good in due proportion to the child's age, and its nerve and muscular force is well developed, it will not be so liable to the many diseases incident to infancy, and they will not be so apt to prove fatal. Chemistry teaches us that pure, healthy milk is the best food for young children; so good corn meal, unbolted wheat meal and butter contain the same important elements to preserve the health and vigor of adults. This diet contains about four times as much carbon and a little more than four times as much nitrogen as is contained in good beef."

Mother—"And for that reason I suppose growing children could really thrive upon this diet without any meat."

Doctor—"Yes, madam, they certainly could, though after a child is three or four years of age, if it is in good health, there is no objection to its eating a little tender, healthy beef, mutton, or game, at the proper time, and properly cooked. A knowledge of all these things, as I have just intimated, will yet be taught in our public schools, and the masses of the people will know how to promote their health, happiness and longevity."

Mother—"I hope that time will really come, and very soon."

Doctor—"It will be done just as soon as these reforms meet with the intelligent co-operation of the people, but we cannot expect it from them until they are educated so as to see and appreciate the great need of such a movement. When the people begin to know that it is more important to understand the laws that govern the growth and vigor of their children and themselves than it is to successfully grow fine grain, cotton, plants and flowers, then they will be ready to heartily co-operate in bringing about this reform."

Mother—"Yes, when they receive such an education, then we can confidently expect corresponding results."

Doctor—"We must continue to wait and hope, and at the same time labor for these results. The light of science will yet dispel all this darkness of ignorance, and the causes that produced your daughter's ill health will be removed to a great extent; but those of a general nature, such as we have already mentioned—impurities of air, bad water, unsound food, improper cooking, suitable clothing, and the proper exercise adapted to the ages of children and their conditions of health—these must all be looked after and regulated by both the mother and the father of the children when at home."

Mother—"Yes, while I know the responsibility of a girl's health rests upon her teachers to a great extent, that of the parents is still greater."

Doctor—"And for that reason, while it is true that often young girls of the fairest promise die early, or spend a life of miserable invalidism, it is important and very difficult to decide whether the health of girls is not as frequently destroyed by the ignorance, and sometimes the wilful ignorance and obstinacy of parents, as by any of the laws or regulations that are required to be observed at school. These errors on the part of parents and school systems affect the health of girls in both mind and body differently. In your daughter's case, the mind was over-taxed by constant mental work, and body impoverished by imperfect nutrition, but I have seen many cases from the same cause where the body developed and continued in a healthy condition, and the mind failed entirely or had its power greatly weakened. I could call to mind several instances of both boys and girls, who in their childhood promised to be, or were unusually bright in intellectual capacity, but now at sixteen or eighteen have lost the mental power and vivacity that distinguished them at ten years of age. In others the mind grows and increases in force, while the body ceases to grow or falls into incurable invalidism, which would have been the fate of your daughter if her case had not been attended to before it was too late."

Mother—"Yes, I now feel satisfied of that fact, and it has indeed taught me a lesson I can never forget."

Doctor—"Our present system of education, aided by the ignorance, the over-indulgence, and cruel as well as fatal ambition of parents to see their children "advance" rapidly, furnish many instances of both these classes of disease. We very often hear that one or more of our first honor girls have died of a fever or some other simple acute disease, because the system was so enfeebled by long and continued study, it had not enough strength and vitality to resist any ordinary disease.

Growing girls are feebler and more sensitive than boys, physically and mentally, and they should be treated as growing girls until they are at least eighteen, otherwise they will certainly have an imperfect womanhood. Though, as I have said, boys are frequently and fatally over-taxed with mental work, yet they have more firmness of fibre than girls, and which gives strength and endurance to the body and brain."

Mother—"When I was growing up I thought no one but aged, feeble persons had what we call nervous diseases, but I now know that young persons, even children, are very frequently victims of these distressing disorders."

Doctor—"Yes madam, many of them. The same causes we have been discussing—mental and physical taxation—by lessening the vital energies and the resisting powers of economy, not only predispose to, and makes it more difficult to cure acute disease, but in my judgment is frequently the cause of many diseases. I have had four cases of Chorea or St. Vitus Dance out of one school, resulting, as I have reason to believe, from over-taxing the nervous system, and from the mental anxiety to which children are subjected in their education."

Mother—"I am not at all surprised to hear it when the children's nerves are kept in a perpetual strain from the time they awake in the morning until they fall into a sleep of exhaustion at night. I know just how they do, Doctor, for I have seen it in my own children. It is hurry when they are dressing in the morning for fear they will be "tardy," and hurry all the time until they get off. If they go to school too late, they get a "demerit," they get one if they go too early, and in anticipation of it they are in a fidget, a distressing, restless state until they work themselves up to excessive nervous excitement, then swallow their breakfast in haste, go to school almost in a run, get there panting and excited, and in a *nice* condition for solid, deliberate and thorough study."

Doctor—"Yes, madam, I have heard other mothers say the same thing in regard to their children."

Mother—"I actually heard the other day of a party of children who came very near being crushed to death by the cars, because they were afraid they would reach school too late and get the inevitable demerit; they would not wait for the train to pass at the crossing; and they escaped death so narrowly, a gentleman near by, shuddering at the danger they had been in, spoke to them about it, when one of the party said, 'I had rather be *killed* than get to school too late!' Is not that shocking?"

Doctor—"It is, madam. It seems the children now in our towns and cities fear the mark of demerit more than the little people used to

care for a good old-fashioned switching at school in the times gone by."

Mother—(laughing). "I suppose it was because they did not know then when the switching was coming, and their minds and nerves, therefore, did not suffer the tortures of its anticipation. And when they did get the punishment, it was done with at once, and the nervous system left free to recover its tone."

Doctor—"Yes, madam, I admit there is some philosophy in your supposition."

Mother—"I also think, Doctor, that this custom in schools of giving prizes and medals is injurious to pupils under seventeen or eighteen years of age. It stimulates their ambition to such an extent that their mental anxiety is extreme, and consequently the nervous system is strained to its utmost capacity. So, in reaching brilliant achievements in scholarship, if the mind is not injured, the physical vitality is enfeebled if not exhausted. Do you not think so, Doctor?"

Doctor—"Of course, madam, it is only another instance of excessive mental taxation, and when it is kept up for weeks and months together, no matter what the object is in view, the physical results cannot be beneficial."

Mother—"Doctor, I will tell you an idea of mine about prizes at school."

Doctor—"Well, madam, what is it?"

Mother—"I think the results would be beneficial in every way if prizes were offered: First, for the highest attainments in good manners—that is, in the daily and constant exposition of *true* politeness, which we all know cannot be practiced only when the person has a pure, good heart. Next, prizes for moral attainments, as regards the cultivation of an amiable temper, of unselfish, noble principles, and a disposition to do good deeds—in brief, to emulate a perfect moral character in all its attainments. Such ambition as this would be no tax upon the mental or physical faculties, and instead of doing them an injury would really be beneficial to health of body and mind, and if pupils tried to excel in moral worth, they would be so pure and conscientious, they would also try to excel in mental achievements without anticipation of any prize but the approval of a good conscience. What do you think of my idea?"

Doctor—"I think, madam, it is a very good one, and at the same time very unusual, and, as you put it, also contains both medical and moral philosophy, though some might object that moral ambition should have no prize in view, and be emulated only for its intrinsic worth. While your idea is a very good one, I do not know how it would be regarded in connection with our present systems of education."

Mother—"Neither do I, and only mention it for what it is worth. But, Doctor, I think there are other causes for the ill health of so many of our girls. Did you not, a few moments ago, mention clothing as one of them?"

Doctor—"Yes, madam, I am convinced that ignorance or obstinacy of parents on the subject of clothing is a fruitful source of ill health among girls as well as women. It is true our bodies receive warmth from the food we eat, but as clothing prevents heat, it should be used as an assistant to the food in giving protection to the body against changes of temperature of the weather, which is done upon the scientific principles of conduction and reduction of heat. All girls of the proper age should learn this at school, and the knowledge will enable them to do more than their mothers in selecting material as regards texture and color suitable for cold or warm weather."

Mother—"In warm weather I suppose we should have the material for clothing that will most readily reflect the sun's rays, and in the winter season that which is a bad or non-conductor."

Doctor—"Yes, madam, and girls will also then learn the various tortures, the loss of health, and damage to the beauty of form and features to which the vagaries of fashion subject the great majority of their sex. From early girlhood the waist is compressed with corsets that impede respiration and the action of the heart, and cause displacements of the organs of digestion and other functions of vital importance to beauty as well as health."

Mother—"As to these waspish-waists, I never could see any beauty or symmetry in them, leaving out the question of health and long life."

Doctor—"No, madam, there cannot be, according to the natural laws of grace and beauty. We all know that the lines of beauty and symmetry are in curves, not angles, and I am confident that corsets destroy the symmetry of a girl's waist and shoulders, as well as cause serious damage to her health. This can be readily seen by taking up a book upon physiology and comparing the out-lines of a body that has never been disfigured by compression with one that has."

Mother—"Yes, I have noticed this in those cuts, and in the former figure. I could see the sloping shoulders and graceful curves of the waist that are so essential to beauty of form in woman. If physicians and parents would impress it upon our girls that it is impossible for them to be beautiful without perfect health, I am sure they would be far more careful about avoiding every kind of illness, and would quit the reckless manner they have in disregarding so many things that would preserve their beauty and vigor."

Doctor—"I think they would, madam; it is natural for a woman to

wish to be beautiful, even on to old age, if possible, and it is also right that she should have this desire, and should endeavor to cultivate her beauty in every proper manner. The only right way to do this is that designed by the Creator, and it is the only one that will promote and preserve real beauty of face and form. A woman who destroys her health by the silly mandates of fashion and society, cannot be the mother of healthy, bright and beautiful children, and she is also unfitted to rear them, and train them to become the truest and noblest types of men and women."

Mother—"Yes, I know that is true, and I have seen so many sad instances to confirm its truth."

Doctor—"Our ladies of fashion and those in easy circumstances do not take enough active, vigorous exercise, especially out of doors. Taking a short walk upon the streets or a daily drive is not sufficient to keep a woman in good health, nor to preserve her grace and beauty. At the majority of the girls' schools, if the pupils are allowed to engage in active exercise at all, the tyranny of dress and fashion seriously prevents the freedom of motion that is so essential to the good effects of the recreation. This is true, especially in calisthenics, that is now practiced in so many of these institutions. As Dr. Richardson, of London, says, the school-girl of the present day is taught to curb her joyous and natural spirits, to regard innocent recreation and any kind of romping as unlady-like, and to indulge in no exercise except that which is allowed by a prison-like routine, so that when she leaves school with a long list of showy accomplishments, all her physical energies have been sacrificed to a genteel deportment, and she is a ready victim to all kinds of nervous disorders."

Mother—"What kind of vigorous out-door exercise, Doctor, do you think is suitable for girls to have?"

Doctor—"There are several, madam, and among them, battle-door and shuttle-cock, lawn-tennis, the game called rackets, and where the facilities are at hand, swimming, rowing and riding horseback are all excellent and vigorous recreation for girls of suitable age and growth, and also for ladies. These all conduce to expansion of the chest, an upright carriage and general strength of what is called the upper torso which will give full oxygenation of the blood, and thus keep the system in general good health."

Mother—"Do you think the skipping rope is a healthy exercise for girls?"

Doctor—"No, madam, not as it is invariably indulged in—on the contrary, it does much injury, and in some instances has destroyed health or caused sudden death. If girls would engage in the exercise in moderation and at the hours between breakfast and noon, it would

perhaps do healthy girls no harm, but as I have said, they invariably carry it to excess."

Mother—"Yes, I have often seen it done in my own school days; indeed, I have known girls to faint in the skipping rope, and be sick for weeks afterwards."

Doctor—"Very true, madam, I have heard of such instances. In all cases exercise of any kind, to be beneficial, should never be pursued to such an extent as to render it laborious, debilitating or exhaustive. This should be carefully considered; also the health of the person engaged in it. Delicate girls cannot take as much exercise as those in robust health, and neither can be truly benefitted by it, if the clothing is such as to interfere with the utmost freedom of motion of all parts of the body, and this cannot be had with high-heeled shoes and tight fitting garments."

Mother—"Parents and teachers will certainly learn, and before very long, how important it is to pay more attention to the physical recreation of our girls, instead of taxing their brains with a confusion of ideas that they soon forget, and also spending time and labor upon some showy accomplishments, for which the pupils often have no taste or capacity."

Doctor—"Yes, madam, I think you are correct in part, but as my time is out, I must bid you good morning."

CORRESPONDENCE.

DURATION OF PREGNANCY.

DR. R. C. WORD, Atlanta, Georgia:

Dear Doctor—Will you be kind enough to give me the benefit of your knowledge on the subject I am about to mention. A young lady in this neighborhood, under promise of marriage, was seduced by a young man in August, 1880. Her menses appeared last on the 17th of August, and she was not confined until June 6th. According to our Obstetric Calendar her time (280 days), was out May 24, but she ran two weeks over time.

The parties have gone to law, the man taking comfort in the thought that when the *woman's* time was out so was *his*. He also pleads "not guilty" to the whole charge. As I will no doubt be called upon to testify in the case, I will be glad to hear from you.

Yours truly,

C. J. B.

OUR REPLY.

Dear Doctor—To yours of the 9th inst., I will reply that I believe in the law of Septinaries as applicable to pregnancy and many other physiological actions.

Under this rule a lunar month of four weeks or twenty-eight days is the interval from the commencement of one menstrual period to another. The average duration of the menstrual flow is seven days, and the normal or natural duration of pregnancy 40 weeks or 280 days. The period of œstruation or heat in the human female, during which, as a rule, she conceives, is also governed by the same law, and continues seven days immediately after the cessation of the menstrual period.

These are all general rules and liable to occasional exceptions from various causes, and it has been observed that the exceptions or modifications which occur are governed by the same septinary law; so that a case is very apt, when going beyond or falling short of the normal period, to do so by 7, 14 or 21 days, but very seldom beyond 7 or 14 days.

Our obstetric tables differ as to the time from which the 280 days should date—some placing it at the first day of menstruation, others at the close of the period. The truth is, it seems to vary as between the two points, but according to our observation it more frequently dates from the commencement of menstruation; especially is this the case with primipara, who indeed, not unfrequently anticipate this time by one or two septinary periods, (7 to 14 days).

The case you mention, according to septinary laws, should have reached her full time on the 23d of May; but the addition of two septinary periods would throw it to the 6th of June, which seems to fit the case precisely.

The claim of certain modern investigators that conception takes place immediately before menstruation, I do not accept, though some experiments have been submitted which seem to favor that theory. The fact that œstruation occurs in the human female immediately after menstruation, is conclusive to my mind that this is the true period of conception. There are, however, rare exceptions in which the period of heat may be hurried up or postponed. These exceptions are due to causes which hasten or retard the development or maturation of the ovum. Dallying with the other sex, lascivious thoughts, or anything that excites sexual desire, may hasten the functional activity of the organs, and lead to rupture of the Graffian vesicle and to its occasional impregnation in advance of the usual period which, as stated, is during the week immediately succeeding the menstrual flow. At

this period the vesicle is mature, and is likely to rupture and to be fecundated by the spermatazoa of the male as a result of the very first sexual act after menstruation. It not unfrequently ruptures prematurely and passes off with the catamenial flux. On the other hand, the maturation of the vesicle may be retarded by ill health, mental anxiety or any cause antagonistic to the sexual appetite.

The above is so much of our reply as applies to the matter upon which the inquiry was made. We publish it because it is an important subject, and one which we suppose will be likely to interest our readers. It is possible that there are those who will differ with us, and that our views will be criticised. If so, our columns are open for remarks, and we will be pleased to hear the views of medical brethren upon the subject.

ROTHELN.

BY A. B. LOVING, M. D., OF ARKANSAS.

I see a communication in your last, from Dr. Knott, of Texas, in which he states that he has met with an eruptive disease, about which there seems to have been a diversity of opinion.

As I have had some cases the past spring, of a disease not unlike measles, which for a while led me off the track, I will give the history of them. Case No. 1. Mr. A. was taken with all the symptoms belonging to the forming stage of Rotheln. When first seen by me these were all well developed. There was the injected and watery eye, with continued sneezing; there was also sore throat. The eruption had made its appearance on the forehead, and in the pharynx. I diagnosed this measles, but the course of the eruption was not that I had been in the habit of seeing in measles.

It spread too rapidly over the body, it did not cause that raised and thickened appearance of the skin that we see in rubeola, nor did it arrange itself in crescentic shaped spots; it did not remain on the patient long enough, and when it began to disappear it was off too soon, and without desquamation.

The tongue was coated with a whitish brown coat, but this soon cleaned, leaving it looking like a piece of raw beef. I then began to think I had a case of scarlet fever, and made the following prescription:

R	Fl. ext. belladonna.....	f. gtt. viii.
	Potassæ chl.....	ʒ ii.
	Aque.	ʒ iii.

M. Teaspoonful every two hours.

At my next visit twelve hours from that time tongue looked natural and the patient so much better that the idea of scarlet fever banished from my mind. This case was down seven or eight days, but the eruption all gone at the end of the fourth day.

Case No. 2. Mr. T's case run the same course as did Mr. A., but did not have the forming symptoms of measles so well developed. The tongue was the same, and yielded as promptly to the belladonna and potash prescription as the first case.

This young man claimed that he had the measles when a child, "Big French measles," and knew he could not have it again, but gave it up when he saw himself in a glass. All the other cases were in a mild form, and attacked those who had had measles as well as those who had not, and seemed to attack by preference, adults rather than children. It did not spread by contagion, as those who did not come in contact had the disease. My opinion after the first two cases was, that I did not have rubeola nor scarlet fever, but rotheln.

You can see from this how easy it would be for one to make a mistake in favor of either disease, rubeola or scarlet fever.

EPIDEMIC METASTATIC PAROTIDITIS.

BY CHARLES H. MILLER, M. D., OF KANSAS.

There is an epidemic of mumps prevailing at the present time throughout the greater portion of the United States. This epidemic has peculiar features, one of which is its metastatic tendency to the testicles, both of which are most frequently affected. As this metastasis is in dispute among medical authorities, some contending that it takes place but rarely, if at all, and then only from exposure to cold; and others expressing their utter contempt for the transmission by an absolute silence on the subject, it is important to demonstrate by clinical experience, just what the truth of the matter is.

In an article on this subject in the Medical Review, of New York, for April 30th ult., and in another in Medical and Surgical Reporter, of Philadelphia, for May 7th ult., I have attempted to prove, with the meagre materials before me at the time, that the epidemic now prevailing is distinguished from the ordinary epidemics of mumps, from the fact that metastasis occurs in nine-tenths of all cases, in spite of all the most stringent precautions against cold, in warm weather as well as cold. There seems to be an inherent disposition on the part of the epidemic to seize the testicles, whether the patient remains in bed or is up and about. Females, as a rule, escaping a metastasis.

This form of mumps I have termed "Epidemic Metastatic Parotiditis," portraying its distinguishing features and endeavoring to rob it of the terrors it was generally supposed to possess, since the epidemic is a mild one, no deaths having occurred either directly or indirectly from the disease, although the winter just passed has been unusually severe for all diseases.

I call attention to this matter because I would like to hear from your readers where such epidemics prevail, and whether or not they partake of the character mentioned. By giving this publicity, therefore, you will oblige not only me but your readers also, perhaps.

PREVENTION OF SCARLET FEVER..

BY J. B. GARRISON, M. D., WILLIAMETTE, ARK.

More than two years ago I published the assertion that I firmly believed that the contagion of Scarlet Fever could be absolutely prevented. My statement at that time was based principally on my conception of the manner in which the transmission of the scarlet fever poison was effected; my method of prevention having been tested in a few cases only. Since that time, however, clinical experience has afforded me abundant opportunities of verifying my assertion that by a certain method of procedure in the treatment of scarlet fever patients, the contagious element of the disease is rendered innocuous. For proofs of the instances I shall hereafter detail, I refer to Dr. E. Visart, of DeWitt, Ark., together with the residents of that town and vicinity.

In the fall of 1878, Prairie township, adjoining the one in which I lived, was visited with an epidemic of scarlet fever, attended with considerable fatality. I proclaimed publicly that I would prevent its spread in that locality to which my practice was confined.

The first case to which I was called was a daughter of A. B. Beeler, a druggist residing in DeWitt. She had been visiting with her mother in the infected district, was brought home and survived a severe attack of scarlet fever of the anginose variety. Five persons in this family were constantly exposed to actual contact with this patient. Two of them slept in the same room, and part of the time in the same bed with her, and, although they had not previously had scarlet fever, none of them contracted it. No quarantine was enforced, and several unprotected children visited the patient during her illness, and no case occurred in consequence of the exposure. Soon after I was called to see five patients who had scarlet fever in the family of Mr. John Watkins, living in the country three miles from DeWitt. They had been on a visit to some relatives who were afterwards found to have scarlet fever. The disease ran its usual course, even to the desquamation of the thick cuticular covering of the palms of the hands and soles of the feet. One of the patients, an infant, was a corpse in the house at my first visit. Although there were seven other members of

the family who had not previously had the fever, who lived constantly, ate and slept in the only two rooms of the house in which the fever patients were confined, nursed them and slept in the same beds with them, yet no other case occurred in that family.

These are but two instances selected from more than twenty, occurring in five epidemics (or which would have been) in which I have given the method a fair trial. I cite these two from the fact that I called attention to them publicly at the time of their occurrence, (so as to have the means of verification) and also publicly announced my ability to arrest the spread of the disease in the community.

I declared more than ten years ago my belief that almost the sole means by which scarlet fever was propagated was by direct inoculation of desquamated cuticle from the scarlet fever patient to the exposed individual. Experience has confirmed me in this belief.

Hence, my practice is to destroy the poison contained in and render inert, the light, furfuraceous desquamated cuticle by disinfectants.

I do this by anointing the entire body of the patient with carbolyzed lard or cosmoline.

R Adipis, aut olei petrolei,..... 2 oz.
Acid carbolic pur..... 1 drachm.

Sig. Anoint thoroughly the entire body of the patient twice in 24 hours.

For further precaution I also direct a carbolyzed gargle :

R Potass chlor. pulv..... 2 drachms.
Acid carbolic 2 "
Glycerinæ..... 2 oz.
Aqua camphoræ..... 6 oz.

Sig. Use as a gargle every 3 or 4 hours, oftener if indicated.

I also direct the exhibition of carbolic acid, *per orem*, in the average dose of two grains every four hours, for an adult. The atmosphere of the room, under these conditions, being loaded with carbolic vapor from the inunctions and gargles, precludes the necessity of the inhalation of a carbolic solution.

Patients generally express relief from the inunctions and gargles, nor does the prophylaxis interfere with any other indications for treatment.

I have no stereotyped treatment for the disease. I treat the individual patient with veratrum, digitalis, ice, cold water, or brandy, opium and sinapisms, as may be indicated.

Nevertheless I opine there are few cases of scarlatina in which chlorate of potash and quinine will not prove beneficial.

Several years ago I communicated my views and experience on this subject to the greatest of all therapeutists and best of medical teachers as well as of men, (in my estimation) Prof. Samuel G. Armor, of Long Island College Hospital, Brooklyn, N. Y., who did me the honor to say that he was teaching my method of prevention to his class.

Quite a number of physicians to whom I have personally explained my plan of prophylaxis, report results equal to my own.

A year or two since I saw an article from some eastern professor recommending lard alone, used by inunction, as preventive of the

spread of scarlet fever. This is doubtless true to a certain extent, as it would agglutinate the fine squamæ which might otherwise be carried to *nidi* favorable to the deposition of their poisonous burden. It would not, however, answer in cases of actual contact.

More recently Prof. Jules Simon, in a lecture delivered at the Hospital des Enfants Malades, Paris, declares that "scarlet fever is contagious principally through the pellicules of epidermis which become detached." (See Medical and Surgical Reporter, Philadelphia, March 26, 1881.) This corroborates my theory, and I am confident that a trial is all that is needed to convince any physician of the certainty of this method of prophylaxis against the contagion of scarlatina.

I may further state, in this connection, that, in 1872, I treated a case of variola, using carbolized inunctions; and, it being an isolated case, in the country, many persons visited it without knowing the nature of the disease. All unvaccinated individuals who visited the patient prior to the use of the inunctions, contracted small-pox; those exposed subsequently escaped. — *Indiana Medical Reporter*.

A CASE OF DYSTOCIA—RELIEF BY EPISIOTOMY.

BY F. O. NAGLE, M. D., OF PHILADELPHIA.

Labor may be rendered difficult by many and various causes. They are generally arranged into two classes. Those which render labor difficult by causes referable to the mother, and those in which the child is at fault.

The following case of difficult labor is one which belongs partly to both classes; where the labor was made difficult, on the part of the child, by an unusually large, healthy head; and on the part of the mother, by a small vulva.

The patient, a young married lady, twenty-six years of age, primiparæ, had engaged, and was attended by Dr. Wm. M. Caterson. The Doctor was sent for about 10 p. m., Sunday, April 3d. The patient stated to him that the pains came on Saturday evening. They were sharp, cutting pains, referred to the uterus, coming and going every twenty minutes, keeping her awake all the night. Sunday she continued to have them from time to time, not as often as before. In the evening they again became worse, and when the doctor arrived she was having them about every five minutes.

The doctor remained all night with her, and part of next day, very little progress being made during that time, and not wishing to bear the entire responsibility, he desired a consultation with me, which was granted.

I was called about 5 p. m., on Monday. At my first visit I found the patient in bed. Upon questioning her I obtained the following information: This was her first pregnancy; thought she was two weeks before her time. She was in labor forty-eight hours. The pains during my stay were feeble and slow, but severe enough to keep her almost in continual suffering. In making an examination *per vaginam*,

I found the head presenting at superior strait, second position of vertex. Os dilated to about two inches in diameter. Membranes intact. Fæces in rectum could be felt through posterior wall of vagina. Abdomen considerably enlarged.

Patient was told there was no occasion, at present, for alarm. She was ordered fifteen grains of quinine as a uterine stimulant, and an enema of soap and water. I left, and promised to return later in the evening.

I saw her again at half-past eight p. m., when the doctor informed me that about one hour after taking the quinine the pains became more severe, lasting longer and more effective. The os was dilated to about three inches in diameter. Presenting part engaged in pelvis. Rectum empty.

At my next visit, 10:45 p. m., I was told that the membranes had just ruptured. Pains were of a bearing-down character. Os fully dilated. Large head diagnosed. Patient had vomited during my absence; she was ordered seven grains more of quinine. The head slowly descended to the perineum. From the rupture of membranes to the appearance of head at vulva four and three-fourths hours elapsed. During this time the pains were strong and severe. When the head was low down, and the perineum distended to its utmost, it was evident the head could never be born without a rupture, owing to the smallness of the orifice of vulva. I tried to save perineum by endeavoring to deliver head during the absence of pains, as taught by Prof. R. A. F. Penrose. The head could not be born, as the vulva was too small, rigid and inelastic.

The application of forceps was considered, but the danger of rupture by their use was evident.

I obtained consent of the patient to perform episiotomy. This I did with a pair of scissors, making a cut on each side of the vulva about one and a half inches from median line of perineum. This procedure removed the tension of vulva, and allowed the head to pass out readily, saving, at the same time, the perineum, the fourchette, even, not being torn. Passing my hand around the neck, I discovered the cord encircling it. This was easily slipped over head. The shoulders and body were delivered without any difficulty.

The child was an unusually large and well developed one; the head being particularly large. Smacking the child with the hand was all that was necessary to establish respiration.

The cord was cut, and placenta delivered by Crede's method. No stitches were applied to cuts, the wounds healing by granulations. There was no hemorrhage from the incisions nor from the uterus.

Child born 3½ a. m., Tuesday, April 5th.

Duration of Labor.—First stage. Dilatation of os, 53 hours. Second stage. Expulsion, 4¾ hours. Third stage. Delivery of placenta, 15 minutes. Total, 58 hours.

Weight and Measurements of Child.—Weight, 12½ pounds. Length, from vertex to buttocks, 15½ inches; from buttocks to soles of feet, 10 inches. Entire length, 25½ inches.

Circumference of Head.—Tape passed from occipital ridge above ears to frontal bones, 15¼ inches.

Diameters of Head.—Bi-parietal, 4 inches; occipito-mental, 6 inches; fronto-mental, 4 inches; occipito-frontal, 5 inches; bis acromion, 5 inches; bis iliac, 4 inches.

The cause of this lingering labor was, I believe, the excessive distention of the uterine cavity by the large foetus. Just the same as we have in dropsy of the amnios, where the uterine walls are over-distended, making them thinner and preventing them from acting with energy.

In primiparæ, delivering the head during the absence of pain will, in the majority of cases, save the perineum from rupture. Where this cannot be done, cutting the vulva, as in this case, is the only resort. The edges can be united by a stitch. None were used in this case. No deformity followed.

I would say, in conclusion, that the action of quinine in this case, as a uterine stimulant, was a very decided one. I have seen it used in similar cases, and always with a very happy effect. I consider it, in full doses (15 gr.), a very valuable aid in cases where the pains are insufficient. Its mode of action is not yet fully understood. It is believed, however, that it does not originate uterine contractions, merely stimulating those present.

The lying in of the patient was not attended with anything unusual. Mother and child are both well.—*Med. and Surg. Reporter.*

CATARRH AND DYSPEPSIA.

BY A. P. WHITEHEAD, M. D.

The relation of dyspepsia to catarrh is of such importance in connection with the treatment of the latter disease, that it is a matter for wonder that it has not been more prominently brought to notice in the many and lengthy treatises upon the subject. That dyspepsia is a frequent accompaniment, and often precedes a chronic naso-pharyngeal catarrh, is no new statement; but that it invariably exists and generally long ante-dates a chronic catarrh, and is the forerunner, and, to a certain extent, the cause of the presence of catarrh, is the opinion of the writer, confirmed by oft-repeated observation in the treatment of that stubborn affection designated chronic catarrh.

The treatment recommended by writers upon the subject has been confined too much to the seat of disease, with a view to bringing about a modification of the affected mucous membrane by the application of astringents or caustics in a more or less dilute or concentrated form, and even to the removal of portions of the lining membrane of the nose by mechanical means. The diversity in the methods adopted have been confined to a simple difference in the destructive character of the applications used—chromic and nitric acid, the actual cautery and the serrated forceps capping the climax. Safer and more rational means of treatment have been too much ignored; the treatment of the dyspepsia, *having in view the relief of the catarrh*, has been almost overlooked.

In the mind of a patient suffering from catarrh there can be no pos-

sible connection with it and dyspepsia; and hence it is not an uncommon occurrence for him to be undergoing treatment at the hands of a specialist for the catarrhal trouble while being treated by the family physician for dyspepsia.

The usual form of dyspepsia accompanying catarrh is characterized by a somewhat enlarged tongue, bearing upon its sides the impressions of the bicuspid and first molar teeth; in color, pale or slightly bluish, the latter, especially, after a meal; near the tip smooth, dotted here and there with small, bright, pink or red slightly raised follicles; at the base, a slight whitish fur, and a more or less deep fissure in the center, extending half-way to the tip. This is clearly the tongue of chronic, atonic dyspepsia, with more or less enlargement of the stomach and permanent thickening of its mucous lining, not unlike the thickening of the nasal and pharyngeal mucous membrane, with which it is directly continuous.

The so-called "*hygiene of catarrh*" is the hygiene of dyspepsia. The greatest benefit derived from a hygienic habit is more directly owing to the improvement of the impaired functions of the stomach than to any direct benefit to the nose and pharynx; for, above all other affections, dyspepsia demands a rigid observance of the laws of hygiene for its treatment.—*Western Lancet*.

Nature of Green Vomit.—The chemical and microscopical nature of green vomit has been made the subject of recent investigations by Dr. F. Betz (*Memorabilien*, Oct. 6, 1880). It was supposed that the green vomit (*vomitus aruginosus*) was the result of a greenish discoloration of brown biliary pigment, caused by the acid action of the gastric juice. The supposition received corroboration from the bitter taste of the vomited matter, associated with its acid reaction. Dr. Betz concludes, however, that the green color is not invariably due to the presence of bile. The color often varies from a yellowish-green or grayish-green or dark-green, in accordance with the greater or less amount of the green "substances" and other admixtures. The green vomit may be kept for months and during the hot season, without spontaneous putrid fermentation taking place—a fact which militates against the possibility of its biliary or even animal nature. Dr. Betz also states that sometimes the green vomit has a natural or alkaline reaction. Microscopical examination shows the green substance to consist of an amorphous, finely granular greenish mass. Discoid heaps, or rounded colonies, are commonly observed. But the green substance may also form a lining over epithelial cells, salivary corpuscles, etc. From these facts Dr. Betz infers the vegetable nature of this substance, and he adds that it is probably derived from punctiform algæ, which he calls *chlorococcus*. He denies any relation of this low fungus to other microphytes, such as the *torula cerevisiæ*, *sarcina ventriculi*, or *iodium*. Finally, the author remarks that, apart from all other considerations, the frequent occurrence of copious green vomits would go to show that bile could not find its way into the stomach in such enormous quantity. The bitter taste of the green vomit receives its explanation in part from the frequent admixture of some bile, but is also in part due to the presence of a bitter principle in the *chlorococcus*.—*London Medical Record*.

ABSTRACTS AND GLEANINGS.

Remedies for Headache.—The following recipes and suggestions for the treatment of different forms of headache are collected from a variety of trustworthy sources:

Two grains citrate of caffeine, in capsule, taken every half hour, is a very effectual remedy in nervous and sick headache. One or two doses are often sufficient to give complete relief.

The only objection to its use is sleepiness, which sometimes results if it is taken in the evening. It is preferable to guarana, as being hardly ever rejected by the stomach.

The following, according to Dr. W. W. Carpenter, is very effectual in most forms of headache: Muriate of ammonia, 3 drachms; acetate of morphia, 1 grain; citrate of caffeine, 30 grains; aromatic spirits of ammonia, 1 drachm; elixir of guarana, 4 ounces; rose water, 4 ounces. Mix. Dessertspoonful every ten or twelve minutes.

In nervous headache, Dr. W. A. Hammond states the value of various drugs as follows:

Oxide of zinc is of great value. Ordinary dose, 2 grains, three times a day, after meals; maximum dose, 5 grains. It is best given in form of pills.

Nux vomica is preferable to strychnia. The dose is $\frac{1}{2}$ grain, after meals. If the patient be chlorotic, it is well to combine a grain of reduced iron and half a grain of sulphate of quinine.

Bismuth in the form of subcarbonate, will often take the place of oxide of zinc. Dose, two grains, after each meal. Bismuth probably aids digestion more than any mineral tonic, and is of use when there is gastric disturbance.

The bromides are serviceable when the nervous system has been irritated; when it is exhausted they do harm.

Phosphorus is very useful in most forms of nervous headache. The best results are obtained from dilute phosphoric acid, in doses of 30 drops, largely diluted, three times a day, after eating, or phosphide of zinc 1-10 grain, in pill, three times a day.

Arsenic as a nerve tonic stands next in value to zinc. Dose, 5 drops of Fowler's solution three times a day, after meals.

Galvanism is sometimes valuable, but by no means a specific. The *constant current* should always be used, being careful to avoid too great intensity, less amaurosis be produced.

Dr. T. Lauder Brunton, editor of the London *Practitioner*, says: The administration of a brisk purgative, or small dose of Epsom salts, three times a day, is a most effectual remedy for frontal headache when associated with constipation; but if the bowels be regular, the morbid process on which it depends seems to be checked, and the headache removed even more effectually, by nitro-muriatic acid, diluted 10 drops in a wine-glass of water, or bicarb. soda, 10 grains, in water, before meals. If the headache is immediately above the eyebrows, the acid is the best; but if it be a little higher up, just where the hair begins, the soda appears to be the most effectual. At the same time the headache is removed, the feeling of sleepiness and weariness,

which frequently leads the patients to complain that they rise up more tired than they lie down, generally disappears.

A writer to the London *Lancet* remarks: At the Middlesex Hospital, female patients who have suffered many years from sick headache, evidently of a hereditary character, have been greatly benefitted, if not cured, by the administration of 10 minim doses of tincture of Indian hemp, three times daily before the attacks. This is well worthy of trial in those cases of ever-living, never-dying, martyrdom-like suffering.

In headache due to the determination of the blood to the head and in fever, the following simple treatment is to be commended: Put a handful of salt into a quart of water, add an ounce of spirits of harts-horn and half an ounce of spirits of camphor. Cork the bottle tightly to prevent the escape of the spirit. Soak a piece of soft cloth with the mixture and apply it to the head; wet the rag fresh as soon as it gets heated.

Soaking the feet in very warm water, in which a spoonful of mustard has been stirred, is also beneficial in drawing the blood from the head. Two teaspoonfuls of powdered charcoal, well stirred in half a glass of water, and drunk at once, is a valuable remedy in sick headache from sour stomach, flatulence, etc.

Tincture of nux vomica is recommended by Ringer as possessed of real curative powers, when given in drop doses, repeated every 5 or 10 minutes, for 8 or 10 doses, and then continue at longer intervals, for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause.—*Boston Journal of Chemistry*.

Cerebro-Spinal Meningitis.—Dr. Cleveland (Academy of Medicine, Cincinnati,) reported a number of cases in his practice of such a nature as to suggest to him that perhaps cerebro-spinal meningitis would be a timely subject to introduce before the Academy. But before reporting the cases which he had, he would wish to make a few introductory remarks on the general subject of cerebro-spinal meningitis. This disease, while we must believe that it has existed from time immemorial, is new in history. Our knowledge of it dates back only to the middle of the last century, and it is only since the present century that this disease has been thoroughly studied and worked up. But the result of these investigations have been unsatisfactory so far as giving us a thorough understanding of this disease. As to its etiology, a host of predisposing causes have been given and surmised; but no one of them is constant and holds good in every case. It attacks all classes; those with the best hygienic surrounding as well as the worst. It attacks indiscriminately city and country, hot and cold climates, and at all seasons of the year, though our epidemics have generally been in the spring and fall.

The inception is generally sudden, with very few or no premonitory symptoms. Headache, supra orbital, occipital, or basilar, are almost constant symptoms; pain in neck, and stiffness of the muscles of the neck; pain in the back, and reflected to the extremities, of a very severe character; delirium is not a constant factor, though it sometimes occurs; nausea and vomiting very frequent; bowels usually constipated.

In some epidemics a petechial rash is always found, though eruptions of different kinds may appear; in other epidemics no eruption is found. Hyperæsthesia is also a marked feature of the disease. The mortality in this affection is always high, and in some epidemics very high. The average mortality is about 25 per cent., though it has run as high as 75 per cent. The prognosis then is always grave.

In speaking of this disease it has been remarked by some one that it is "easier to say what it is not than what it is." Some regard it as simple acute cerebro spinal meningitis. This view is obviously untenable. The point of attack is the cerebro-spinal meninges, but the violence of the disease is often out of proportion to the pathological changes of these parts. The view has been long held that it is but a variety of typhus, and there is much in the symptoms of many cases to encourage this view, but of course this theory will not hold good now. It has been, and is still, regarded by some as pernicious malarial fever. It has been explained by some by calling in the aid of epidemic influence: a mild epidemic producing influenza; a more severe one typhoid-pneumonia, a malignant influence producing cerebro-spinal meningitis.

That it has a specific cause is generally believed, but its exact nature, whether it be a germ or a poison, has not been ascertained.

The first case that attracted his attention was C. Z., æt. 20, attacked March 24. Severe pain in back of head, neck, and spine, extending into the extremities; muscles of neck becoming stiff on the second day after the inauguration of the attack. Nausea and vomiting, or rather vomiting with a very little nausea; pulse never run above 80 when observed; temperature never above 101°.

Treatment—Morph. hypodermically, and quinia and potassii iodidi per os. Was kept constantly under morphia for eight days. When not sufficiently under the drug, pain in the head and neck intolerable. Recovered after two weeks. His neck is yet a little stiff, and he is yet troubled with some headache.

Case 2. T. F., April 4th, suddenly taken, while in apparent good health, with vomiting and convulsions. The next day his head was thrown back, muscles of neck rigid; cried with pain if moved, tenderness along the neck and spine; pupils contracted, eyes closed, brow corrugated, hands tremulous. The child had three separate convulsions at intervals of about twelve hours.

Treatment—Opium in sufficient quantity to keep down pain, with quinia and potassii iodidi. After twelve days convalescence appeared to have set in, and at present the child seems to have recovered.

On the eighth day of this case a rubeolous eruption appeared in spots all over the body, which in twenty-four hours disappeared.

Case 3. April 4th, taken in apparent good health with convulsions (temp. 103°, pulse 110) and vomiting, which never let up; died in twenty-four hours. This may not have been cerebro-spinal meningitis, but the inception of the disease was so exactly similar to case No. 2, that the speaker had given it for what it was worth.

Case 4. J. W., æt. 10. Taken April 7th with chill and vomiting. This recurred the next day. Pain in the head, neck and back; wildly delirious from the first; screams "my head! my back!" Lies on his side, with head thrown back; brow contracted as if in pain; pupils

small, eyes closed tightly, hands tremulous, and vainly grasping at something; screams with pain if moved, and also whenever the effects of the opiate wears away.

Treatment—Quinia and bromide of potash, with opium as pain and restlessness requires. This case is still under treatment, with the prognosis very gloomy. On the 8th or 9th day some hyperæmic blotches appeared on the face and neck. No petechiæ were observed in any of the cases.

Cases 5 and 6. One was taken April 8th, and the other April 10th. They both occurred in the same tenement house. The course and symptoms were so similar that they could be reported together. Both commenced with recurrent chills and fever, vomiting, pain in the head, neck and back; and remittent fever with opisthotonos and stiffening of the neck. The pain was not sufficient to require opium in these cases. They were kept on potas. bromide and quinia from the beginning. Both are convalescing and apparently will recover. Case 5th, at the end of the first week, had blotches of a herpetic eruption on the face and neck. It is true that cases 5 and 6 were very mild in their inception and course for cerebro-spinal meningitis; but it must be borne in mind that this disease occurs in all grades of severity. Cerebro-spinal meningitis certainly exists in our midst. The appearance indicates that we are probably on the eve of an epidemic. If the accumulated filth of a long winter has anything to do with the development of this disease—and it surely has—we have in our midst all the factors (heat, moisture, animal and vegetable filth) for breeding this and kindred maladies.—*Lancet and Clinic*.

Retained Placenta.—Dr. H. Frost, of Salem, Va., in *Medical Bi-Weekly*, says: I was summoned, several hours after the birth of the child, to deliver the placenta, which I found closely adherent. The cord had been torn from its attachment. Finding it impossible to remove the whole, I took away as much as I could, about half. I gave her at once quinine, grs. v., every three hours, and used vaginal injections of carbolic acid two or three times a day, and intra-uterine injections of the same at my daily visits. Gave also salicylate of soda. Each day I endeavored to remove the mass, but failed. On the fourth day the placenta was expelled, and the patient recovered without further illness.

I have met with four other cases in which the placenta was firmly adherent; three of them, strange to say, in the same family, and two in the same patient. In each case, after my own efforts failed, I had the advice and assistance of other physicians. In one, after long continued efforts, the placenta was removed, but the woman died of septicæmia. In each of the other three the placenta was expelled spontaneously on the third or fourth day; one patient died, the others recovered with no illness whatever.

These cases, it seems to me, show that where the placenta is so closely adherent that it cannot be delivered without the desperate efforts which are often made, it is better to leave it for nature to expel, guarding the patient by appropriate remedies against the dangers of septicæmia.

I have been led to report the above cases from hearing an old phy-

sician say recently that no patient of his should die with a retained placenta; he would prefer that she should lose her life in his efforts to deliver it. It is no doubt a most distressing alternative we are called on to take, and we feel that if we leave a patient with her labor thus incomplete we may subject ourselves to reproach, but my experience, limited though it be, convinces me that life is often destroyed by the ill-advised force which is used. It is common to hear doctors say that they never saw a placenta so adherent that they could not remove it. They are more fortunate or more skillful than I, for in each of the cases mentioned above in which the placenta was left in the womb, I found it impossible to feel the placental margin—to determine where it ended, and the uterine surface began. In such a case what is to be gained by tearing it away piecemeal? Are we not sure to leave some portions still adhering? And would not the retention of a small portion be as dangerous as the retention of the whole mass? Would it not be *more* dangerous? For the whole placenta by its presence provokes the womb to constant expulsive efforts, while the small portion, being better tolerated, would probably be retained longer and thus expose the patient for a longer time to the dangers of blood-poisoning.

I hope I will not be understood as advocating inaction in this serious complication of labor. By no means. Let us use every reasonable effort to remove the placenta, but let us be careful not to push those efforts too far. Many lives have no doubt been sacrificed from a conviction on the part of the attendant that the placenta must be extracted *at all hazards*. May the report of these cases induce some to let their patients alone before they inflict injury on them.

An Important Modification of the Ordinary Anæsthetic Method.—The *Revue de Chirurgie et Arch. Med. Belge* observes that Messrs. O. de Stefanis and Vachetta, convinced of the dangers attending the use of anæsthetics—statistics showing that with chloroform there occurred one death in 2873 cases; with ether, one in 23,204, while bichloride of ethylene showed one death in 5006 cases—propose a modification, which has already given them excellent results, both upon men and animals.

It was suggested to them by this consideration, that death being caused by cerebral anæmia or cardiac paralysis, anything that could induce a congestion of the nerve centres and excite the heart would help in controlling the noxious effects of the anæsthetic agent, without diminishing insensibility. For this purpose they make use of alcoholics. We shall not repeat here their experiments upon dogs and rabbits; it is more interesting to note the method recommended to bring on inebriety in the subjects to be anæsthetized.

In place of prescribing a strict fast, they advise patients to eat a light breakfast of crackers or bread, and according to age, sex, strength, and the habits of each one, to drink a certain quantity of some light wine, like claret. This quantity may vary from 100 to 200 grains, (f. 3 xxv—f. 3 l.) Those accustomed to alcohol may besides take a little brandy. When the heart is found to be sufficiently excited, the inhalation of ether or chloroform may be proceeded with.

Experience proves that under those conditions complete anæsthesia is obtained in a few minutes, by the use of from five to ten grams

(m 75 to 150), of the anæsthetic agent. Judging from their first experiments, the authors believe themselves warranted in drawing the following conclusions:

When a dog is prepared for anæsthesia by the aid of Marsala wine, he is less sensitive to the effects of ether or chloroform, but the dangers inherent to anæsthesia are reduced. If the animal is inebriated, insensibility and muscular relaxation are longer in showing themselves.

If anæsthesia is repeated at short intervals, the subjects become less liable to its effects. Alcoholic intoxication, both in man and in animals, does away with all danger arising from cardiac paralysis, or cyanosis due to vaso-motor palsy; no emesis has ever been noticed.

A man slightly under the effects of alcohol yields more readily to an anæsthetic; a lesser quantity is required to induce sleep.

In no case has sleep been followed by such marked secondary phenomena, like vomiting, prolonged somnolency, and falling temperature, as happen with patients who have been put to sleep by the ordinary method.—*Med. and Surg. Reporter.*

Sunstroke and its Treatment.—Dr. D. H. Cullimore writes to the British Medical Journal:

"I landed in India an orthodox believer in the absolute necessity of rapidly attempting to reduce the body temperature by cold baths, and in two forms of sunstroke I am still of opinion, mainly on theoretic grounds, that the treatment is the most effectual we possess. There is, however, a third form, and one that most frequently comes under the notice of the medical officer in India—at all events while in civil employment—in which my experience has not only taught me to prefer the tepid and warm baths (from 90° to 98° Fahr.), but has led me to think that cold baths proved rather injurious than otherwise. This third form was probably the disease, complicated with malarial fever, from which the Marquis of Ripon has lately recovered. The varieties of sunstroke to which, in my opinion, the cold bath should be restricted are these:

"The first is the sudden stroke from the direct effect of intense sun heat, combined with great fatigue, and predisposed to, perhaps, by the use of stimulants. This form is rapidly fatal; it most frequently occurs in young, vigorous, unacclimatized men, whose internal organs are probably sound; and is attended with loss of consciousness, pungent heat of skin, perhaps convulsions, and death from syncope, owing either to stunning of the brain or to paralysis of the conducting nerves and their centres, brought about by a coagulation of the albuminous bodies in the nerves, muscles, etc. Here the immediate and repeated use of the cold bath, with the application of cold to the head, seems rational enough. I have seen but one case of this kind; and death was of too rapid occurrence to allow any treatment to be adopted with any chance of success. There were *post-mortem* signs of cerebral congestion and effusion of blood. The lungs were considerably engorged. The patient had an epileptic history.

The second form, in which the immersion of the whole body in cold water will reduce the temperature so as to permit the renewal of the suspended functional activity of vital organs, is that kind of heat as-

phyxia known to occur on board of ship in narrow tropical seas, or ashore in the crowded barrack-room.

The third variety, and that in which my experience has led me to discard the cold and adopt the tepid and warm bath, may be described as follows: It occurs most frequently among acclimatized district civilians—engineers, police and medical officers—men whose duties necessarily expose them, at times, to great and prolonged heat, considerable fatigue, and a good deal of discomfort, while sojourning in tents or travelers' bungalows. They are probably tainted with malaria, and may have occasionally suffered from attacks of congestion of the liver and dysentery. While on a tour of this kind, the patient elect begins to feel irritable, tired, and out of sorts; he tries to look bright and pull himself together. After a day or two, the heat of skin increases, and he ceases to perspire; there are headache and intolerance of light; and when considerably done up he returns home, and after a sleepless night sends for the doctor. His face is now flushed; there is intolerance of light and sound; perhaps delirium and muscular twitches; the skin is dry and burning; the temperature 106° or 107° Fahr, with exacerbations if complicated with fever. The pupils are often contracted, and there may be tenderness over the hepatic region, with a yellow conjunctiva. Patients suffering as described may recover if treated promptly. The disease is liable to recur, and a sojourn in Europe is advisable, but not absolutely necessary.

The treatment which I have adopted in several cases of this affection, and to which, were I a patient myself, I should wish to be subjected, is as follows: A warm bath, to be repeated according to the judgment of the medical attendant; cold to the head, in the form of irrigation, if the patient will bear it; and removal to a cool, dark room, with a punkah. A thermantidote would be a great advantage; it is, however, necessarily restricted to public institutions, and I have never seen one in use in India. Aconite and belladonna, in from three to six minim doses, should be given every two hours. This combination is invariably followed by free perspiration, but a coincident reduction of the temperature does not always accompany it. Still it is the best means of attaining that end, at the same time controlling the meningeal disease. Bromide of potassium is a useful addition in some cases; chloride of ammonium in others; and quinia, if there be a malarial complication. Quinia, unless in cases of ague, does not, I think, reduce the temperature of the body. Potash water is the best beverage.—*Med. and Surg. Reporter.*

Interval Between Apparent and Real Death in Asphyxia from Lack of Air.—M. Laborde has been investigating a question of great importance as well from a physiological as practical standpoint; one that, notwithstanding the numerous researches in regard to it since the memorable labors of Beihl up to those of our president, M. Paul Best, still remains unsolved.

It is the interval between the apparent and real death of animals asphyxiated by deprivation of air.

It is this type of asphyxia chosen by M. Laborde in order to always have as nearly as possible the same conditions. The animal being

tracheotomised, a Bichah canula is introduced into the trachea, and the cock closed. The time for the supervention of the apparent death varies largely according to circumstances; a medium, however, can be established, amounting to from eight to nine minutes.

At this point there occurs first the cessation in the respiratory movements of the chest, then the dilatation of the pupil, and finally insensibility of the cornea. Ordinarily the cardiac movements persist—diminishing more or less in frequency and strength.

The cock may be opened, the blood does not flow less dark.

If artificial respiration is resorted to, there will be seen at the end of two minutes the acceleration or resumption of the cardiac movements, at the same time contraction of the pupil; the latter, however, not a constant occurrence; then the sensibility of the cornea returns and the animal breathes spontaneously.

If, after a time, the experiment is repeated upon the same animal, the phenomena attendant upon restoration occur in the same order, but after a much longer time. It is necessary to keep up the artificial respiration for twelve minutes instead of two.

After the dog breathes spontaneously through the open canula, the pupil that was contracted from the first artificial respirations, assumes its normal state.

Artificial respiration is not the only means of restoring life to the animal, since excitation of the pneumogastric will produce the same result.—*Lancet and Clinic*.

Physiological and Therapeutic Action of Benzoic Acid.—

The *Lancet* states, that from his experiments Schulte has found that the introduction of benzoic acid into the stomach of warm and cold-blooded animals always causes irritation of the mucous membrane, extravasation, and hemorrhagic erosion, and that similar irritation is sometimes observed even when benzoic acid or its salts have been introduced by injection under the skin, or into a vein. In the latter case the pulse and respiration are at first accelerated, and afterwards retarded. The blood-pressure is not influenced by slight injections, but is lowered by stronger ones, and the phenomena are independent of the vagus nerve. Whenever the dose amounts to more than two-thousandths of the body weight of the animal, toxic symptoms occur, followed by death. Salkowski has pointed out that when benzoic acid is given, the urine commonly contains a substance which is capable of reducing sugar. This body is not soluble in ether, but is soluble in alcoholized ether and acetic acid. It is very slightly soluble in water, and thus is distinguished from both benzoic acid and hippuric acid. The salt it forms with barium is insoluble in water, and contains both nitrogen and chlorine. Schulte has found that the appearance of this substance in the urine corresponds in time with the appearance of toxic symptoms. In the therapeutic use of the benzoic acid and benzoate of soda for diphtheria, acute and subacute articular rheumatism, erysipelas, typhus, diabetes, nephritis, interstitial phthisis, peritonitis, etc., the reducing substance was never found in the urine after a small subcutaneous injection, but was found when a large injection was given. The salt was found distinctly useful only in acute articular rheumatism and diphtheria.—*Michigan Medical News*.

The National Board of Health and the International Sanitary Conference of 1881, was the title of a paper read by Dr. James L. Cabell, of the University of Virginia, and President of the National Board of Health. He alluded to the illiberal action of the National Congress in reference to the National Board of Health, and spoke of the success that had attended the efforts of New York physicians for the establishment of a State Board of Health. He also gave a history of the establishment of the National Board, and the reasons why it had not secured sanitary regulations in States which had not established State Boards; and stated the reasons which impelled the calling of an International Sanitary Conference. He gave a very interesting account of the proceedings of that Conference, and the good work accomplished by it.

After dwelling for some time upon the work prepared at the Conference, Dr. Cabell concluded as follows :

"There is, therefore, good reasons for hoping that an international agreement may be arrived at between the States more frequently threatened with epidemic invasions. And, aside from this, the degree of attention which, as a result of the deliberations of the Conference, has been given to the subject of maritime sanitary police, cannot be without fruit in securing greater cleanliness, better ventilation of ships sailing on the high seas, and in general an improved sanitary condition of these important instruments of commerce, which become so often the carriers of the most deadly contagion, from the failure to use such precautions as sanitary science suggests, and as it is hoped will now be enforced among the maritime powers of the world."—*Va. Med. Monthly*.

Earache.—In the American Medical Association, Dr. Jacobi remarked that closing the mouths of infants and children, and simply blowing into the nose, is often a very valuable method of relieving severe earache, and that in a number of cases he had obtained most excellent results from this procedure, the cause of the trouble probably being a catarrhal affection of the Eustachian tube.

Dr. LEIGH, of Petersburg, reported two fatal cases of poisoning from chlorate of potash. The first was of a child three years of age with diphtheria. The mother gave the child one-half ounce of chlorate of potash, and the child died within 24 hours.

The second case was a child five years of age with croup. It took six drachms of chlorate of potash in 24 hours; cyanosis appeared in six hours; hæmaturia and death in 48 hours.

Dr. FONTAINE knew a patient who took one ounce and died. Chlorate potash is soluble in 18 or 20 parts of water. Dr. J. does not give more than a grain to a child under one year, or $1\frac{1}{2}$ to an adult in 24 hours.

Cancer of the Tongue.—In the December number of the *Bulletin et Mem. de la Soc. de Chir.*, is a report of a communication by M. Verneuil, on the inutility and danger of any salve operative treatment of epithelioma of the tongue. This disease, it is pointed out, has never been cured either by internal treatment or by topical applications.—*Med. News and Abstract*.

Gastric Remittent Fever.—In confirmation of the views respecting this disease advanced by Dr. F. Pevre Porcher, in the January number of the American Journal of the Medical Sciences, we publish the following from Dr. D. I. Cam, of Ashville, N. C. :

"The disease is essentially '*gastric*.' The bowels, if at all, are only slightly involved. It is an irritation, not an inflammation. This is the true pathological state. My study of this disease, which has been deep and extensive, does not lead me to agreement with the view expressed, or at least suggested, by Dr. Charles West, that it is the child's typhoid fever. There is one sign of the disease which I consider as nearly *pathognomonic*, so nearly invariable is it. This is the child lying with the eyes obstinately closed, only opening them when aroused by being shaken or loudly spoken to.

"As regards the treatment, I yet pursue, substantially, the course which you mention; but I now use bismuth and oxalate of cerium every three or four hours, considering these are among the best means we have of allaying gastro-intestinal irritation; and I use injections of warm water and assafoetida p. r. n. to move the bowels—not insisting upon purgation as an important part of the treatment. The mortality must be infinitesimally small. If I have ever lost a case, I cannot remember it.

"The disease is as common here as it is on the seaboard or elsewhere."—*Medical News and Abstract*.

Thapsia Plaster.—This plaster is made from the *Thapsia garganica*, which grows in abundance on the plateaus of Algeria, and since its introduction into therapeutics has rendered important service in the art of healing. It owes its irritating properties to a peculiar resin contained in its roots, rendering it a powerful derivative, whose action, on account of its form and consistence, may be graduated at will and limited to the very spot on which the physician wishes to obtain the effect. This result is impossible with croton oil, which on account of its fluid state spreads and acts on a larger space than desirable. From the simplicity of its use it has gained much favor with the profession, and is used by many in preference to croton oil or tartar emetic ointment, over which it has great advantages. Its revulsive action manifests itself by a miliary eruption more or less abundant according to the time it has been applied. When the eruption disappears in a few days, the plaster may be reapplied, and thus a counter-irritation kept up for any desirable length of time.—*Pacific Medical Journal*.

Lemon Juice in Diphtheria.—Dr. J. R. Page, of Baltimore, in the New York Medical Record, May 7th, 1881, invites the attention of the profession to the topical use of fresh lemon juice as a most efficient means for the removal of membrane from the throat, tonsils, etc., in diphtheria. In his hands (and he has heard several of his professional brethren say the same) it has proved by far the best agent he has yet tried for the purpose. He applies the juice of the lemon, by means of a camel's hair probang, to the affected parts, every two or three hours, and in eighteen cases in which he has used it the effect has been all he could wish.—*Med. and Surg. Reporter*.

Benzoate of Sodium in Acute Rheumatism.—Dr. Davis MacEwen (*Brit. Med. Jour.*) observing that benzoic acid is closely similar to salicylic acid in chemical composition, and somewhat the same in physiological effects, endeavored to determine whether it, like the latter, possesses anti-rheumatic properties. He publishes notes of five cases in which the remedy was employed in the form of benzoate of sodium. On the first occasion in which he used it, the relief of pain and subsidence of fever were so immediate, and the recovery was so rapid and complete, that he had no hesitation in adopting the same treatment in subsequent cases. The dose was, in the earlier cases, fifteen grains of the salt every three hours; in the later cases, twenty grains every two hours. In all the cases the symptoms passed off in periods varying from three days to a week after the commencement of the medication; in none did cardiac complications arise in the course of treatment, and Dr. MacEwen thinks the convalescence was more rapid than in cases he had seen treated with salicylate of sodium. Benzoate of sodium possesses this advantage, that it does not give rise to the nausea and depression or the unpleasant head-phenomena which the salicylate frequently produces. It is most conveniently prescribed in the form of a mixture, and it may be given in doses of fifteen to twenty grains every two or three hours. It should also be continued in diminished doses for twenty-four to forty-eight hours after the rheumatic symptoms have disappeared.—*Med. Times.*

How to Vaccinate.—Dr. Dozier (in *Medical Independent*) says: I use *only fresh bovine virus*; and prefer the ivory points to any other. I dip the point to be used in *cold water*, then lay it aside, in order that the virus coating may become well dissolved or softened. In the interim I scarify with a dry ivory point, stroking very lightly, scraping off as completely as possible, *without bringing blood*, the cuticle or scarf skin, for a space of about a quarter of an inch square. I then rub over the abrasion the previously prepared point, until the virus is all off, and insist on the sleeve being kept up for at least five minutes after the operation. I then place over the part a piece of adhesive plaster of sufficient size to cover well the scarification. One of two hundred and twenty-five vaccinated adults and children, and many of the former having been successfully vaccinated before, I got a result of *ninety-seven* per cent. of successful vaccinations! While my colleagues, who used lancets, principally, with which to scarify and *cut* rather than *scrape* through the outer skin, consequently causing more or less bleeding, were successful in not more than fifty per cent. of their cases.

An Old Treatment of Dysentery Revived.—Mr. Henry Colley, in *Med. Times and Gazette*, says that in the ordinary dysentery of adults with some fever, much griping, constant attempts at stool, with tenesmus, the evacuations consisting of bloody and shreddy mucus, without any proper fecal matter, the proper procedure is to give every half-hour half a minum of the liquor hydrargyri bichloridi (B.P.). The first dose will sometimes relieve the pain; in a few hours the tenesmus ceases, and on the second or third day healthy stools make their appearance. Mr. March looks upon the remedy as the perfection of medication as a specific tonic.

Chloroform in Diphtheria.—Dr. Lathrop, of New Hampshire, at American Medical Association, said that he had experimented with chloroform largely, and finds it a highly useful agent. He uses it in diphtheria and other throat affections, applied on a piece of cotton attached to a tube or pen-holder. The patients usually required visiting no longer than four days; but the cases were not so malignant as had been reported in other localities.

No unpleasant effects have ever followed this plan of treatment, and the child, in true diphtheria, does not complain of *smarting* from the application of chloroform. He had used this plan of treatment in one hundred cases. Of course constitutional measures are added.

Dr. McNeal, of Gettysburg, Pa., recommends the following: Potass. bromid., ʒj; potass. chlorat., ʒij; acid. carbolic., gr. xx; aquæ, Oj. Use in an inhaler. Locally, chloroformi, ʒij; lin. saponis, ʒj-ʒij.

Dr. F. E. Hitchcock, of Rockland, Maine, uses equal parts of sulphurous acid and water in an atomizer. The proportions can be varied, and the acid used as a gargle, with cold effusion externally.—*Atlanta Medical Journal*.

Propagation of Syphilis by Razor.—M. Despres, in *Journal des Connaissances Médicales*, has lately published two cases in which syphilis appeared to have been communicated through the medium of the razor during the process of shaving. In the first case, a man aged fifty-four, of steady habits, and with no history of venereal disease, was shaved by a barber on July 11, 1880. The man observed, after being shaved, that he had three small cuts on the chin. On July 25, the patient, who had had no relation with women for ten weeks, noticed a swelling at the site of each of the cuts first noticed after the shaving. On September 1 the patient came under the care of M. Despres, having been sent to that surgeon as a case of epithelioma. On examination there were found three ulcers on the chin, surrounded by some red and moderately hard callosities. There was a hard gland beneath the jaw, but none elsewhere. No other signs of syphilis were discovered at that time. On September 15 a papular syphiloderm appeared.

The second case, that of a young man aged 22, was in many respects similar to the preceding. In him also the initial lesion appeared on the chin, but the patient did not remember having been cut by the razor. In due time glandular enlargement and a general syphiloderm appeared.—*Med. Times*.

The Death Smell.—Dr. A. B. Isham, professor of Materia Medica and Therapeutics in the Cincinnati College of Medicine and Surgery, calls attention in the *American Journal of the Medical Sciences* for April, 1881, to the peculiar ante-mortem odor encountered in many cases at a variable period before the fatal result; in one case he noticed it thirty-three hours before death. The smell is analogous to musk, but is rather more pungent and less diffusible. He is inclined to attribute the phenomenon to the liberation of ammonia, and of the peculiar volatile oil (fatty acid) which gives the blood its odor; this liberation being caused by the diminishing vitality of the blood.—*Michigan Medical News*.

SCIENTIFIC ITEMS.

How Long Man May Live.—It was Professor Hufeland's opinion that the limit of possible human life might be set down at 200 years; and this on the general principle that the life of a creature is eight times the years of its period of growth. That which is quickly formed quickly perishes, and the earlier complete development is reached the sooner bodily decay ensues. More women reach old age than men, but more men attain remarkable longevity than women. Some animals grow to be very old. Horned animals live shorter lives than those without horns, fierce longer than timid, and amphibious longer than those which inhabit the air. The voracious pike exists, it is said, to an age of 150 years; the turtle is good for 100 years or more, and among birds the golden eagle is known to have lived nearly 200 years, while the sly and somber crow reaches the venerable age of a century. Passing up in the scale of life to man, and skipping the patriarchs, we find many recorded instances of longevity among the classic Greeks and Romans. Pliny notes that in the reign of the Emperor Vespasian, in the year 76, there were 124 men living in the limited area between the Appennines and the Po of 100 years and upward, three of whom were 140 and 4 over 135. Cicero's wife lived to the age of 163, and the Roman actress, Lucija, played in public as late as her 112th year. Coming down to more recent times, the most notable authentic instance of great age is that of Henry Jenkins, of Yorkshire, England, who died in 1670, 169 years old. He was a fisherman, and at the age of 100 years swam across rapid rivers. Another historic case is that of Thomas Parr, of Shropshire, a day laborer, who lived to the age of 152 years. When more than 120 he married his second wife, and till 130 he could swing the scythe and wield the flail with the best of his fellow-laborers. In his 152d year Parr went up to London to exhibit himself to the king. It proved an unlucky visit, for, violating the abstemious habit of a century and a half, the old man feasted so freely on the royal victuals that he soon died, merely of a plethora. On examination his internal organs proved to be in excellent condition, and there was no reason why he should not have lived much longer save for this unfortunate taste of royal hospitality. Professor Hufeland's roll of centenarians includes many more remarkable cases.

The Process of Rumination.—A sucking calf has a cud, or ruminates, very soon after its birth, but not for the first few days. The cud is the food which was last eaten; the cud comes only from the first stomach. The following description will explain the process: The cow's (and sheep's) stomach is in four compartments. The first, second and third are all open from the gullet, and are connected by a short canal called the esophagean canal. This is about four inches long. The passage from the third to the fourth stomach is from the further end of the third stomach or manifolds. When coarse food is eaten, or soft food or liquid is swallowed rapidly, it cannot pass through the canal fast enough, but forces open the valve or drops through the

first opening and enters the first stomach or paunch. Here it is softened and macerated and made into a pulp. The cow, by some muscular arrangement, forces a portion of this food into the canal by which it is molded into a bolus, or long ball, and the reversed action of the gullet brings it to the mouth to be rechewed: this is the cud. When it is chewed the second time it is mixed copiously with saliva and becomes a thin liquid pulp, and, when swallowed, easily slides through the canal over the openings of the first stomach into the third, some coarser portions falling into the second stomach. When fine meal or pulpy food is swallowed it will pass the same way into the third stomach, where it is crushed in the manitolds, and goes into the last stomach, where alone it is digested. Whatever food goes into the third stomach cannot return to be ruminated. When a calf sucks the dam, the milk passing slowly, goes through the canal into the third stomach, and from that to the fourth, which is the rennet. When it is weaned and drinks from the pail, it swallows the milk so fast that some of it is forced into the first stomach, from which it is returned as a cud in the usual way. In the plan of exclusive meal-feeding in the winter, which was practiced by a few dairymen some time ago, the cows did not chew the cud at all until fed coarse fodder again.

Value of the Dentaphone.—Mr. Edmund Tribel, superintendent of the Royal Asylum for the Deaf and Dumb in Berlin, has made a series of extensive and critical experiments with the dentaphone as an aid to hearing, with entirely negative results. He states (*Archives of Otology*, December, 1880), that where deaf mutes are concerned, the dentaphone, in its present condition at least, cannot be put to any practical use, not even as a means of advancing articulation, and he believes that the instrument cannot give any noteworthy assistance to any one whose hearing is in the least defective. These results agree entirely with those obtained by competent observers in this country. —*Medical News and Abstract.*

THE Nature says that an electric cable manufacturing firm in Neuchatel have made a highly important discovery in practical telegraphy. After a long and expensive series of experiments, they have succeeded in devising a method of laying cables, whereby the induction of the electric current from one wire to another, although the wires are in juxtaposition, is prevented. This discovery, of which no details are yet given, removes, it is assured, the last obstacle in the way of the widest possible extension of facilities for telegraphic communication.

If a person of fair complexion expose himself to the electric light for some time in examining the action of lamps, the hands and cheeks will show all the symptoms of "sunburn," even in midwinter, and he will develop freckles on his countenance as quickly as when he goes about unprotected by a sun-umbrella in midsummer.

SPECIMENS of fossil woods and lignite are reported to have been brought to the surface from the depth of 191 feet while boring an artesian well at Galveston, Texas.

A MEMBER of the French Academy of Science has discovered well marked sexual differences in eels.

PRACTICAL NOTES AND FORMULÆ.

Neuralgia and Rheumatism—

R	Chloroform, tinct. aconite rad.....	aa f. ʒ ij.
	Morphia sulph.....	gr. i.
	Iodide potas.....	ʒ i. M.

Prick the skin with a fine needle over the seat of pain with twenty or thirty punctures, and rub in the foregoing mixture. Immediate relief is said to follow each application, and a cure effected in local cases in a short time.—*Independent Practitioner.*

The Salicylates in Serous Diarrhœa.—The following are Dr. Hutchins formulæ for salicylic acid in the serous diarrhœa of infants:

R	Acidi salicylici.....	gr. xxx.
	Cretæ prep.....	g. x.
	Syrupi.....	ʒ ij.
	Aquæ.....	ʒ xjv.

M. Sig. Two teaspoonfuls every two to four hours

R	Acidi salicylici.....	gr. xxvj.
	Bismuthi teroxidi.....	gr. xjv.
	Tr. hyoseyami.....	ʒ j.
	Syrupi.....	ʒ ij.
	Aquæ.....	ʒ xliij.

M. Sig. Two teaspoonfuls every two to four hours.

R	Acidi salicylici.....	gr. xxiij.
	Cretæ perperatæ.....	gr. viij.
	Misce et div in partes no.....	vi. cel x.

Sig. One every two to four hours.

Summer Diarrhœa of Children—

R	Bismuth subnitrate.....	ʒ j.
	Pepsinæ sach.....	ʒ ss.
	Zinci oxidi.....	gr. vj.

M. Ft. pulv., No. xij. Sig. One powder every four to six hours.

Dr. Bartholow.

OR

R	Plumbi acetat.....	grs. viij.
	Acid. acet.....	gtts. vj.
	Tinct. opii deod.....	gtts. iv.
	Aquæ distilat.....	ʒ j.

M. Sig. A teaspoonful every two, three or four hours for a child two years of age.

Dr. Bartholow.

Summer Dysentery and Diarrhœa of Teething Children :

R. Ipecacuanhæ..... grs. xij.
 Bismuthi subcarb..... ʒ j.
 Pepsinæ sach..... ʒ ss.

M. Ft. pulv., No. xij. Sig. One in milk every two hours.

Dr. Bartholow.

The above prescription is specially indicated in cases in which the stools are greenish, containing mucus and sometimes blood, and are voided with much pain and straining. And where, at the same time, the skin is harsh and dry, the tongue pasty or glazed, and there is great thirst, though no fever may be present.—*Medical Gazette.*

Impotency—Nocturnal Emissions.—Dr. Weaver, in Medical Brief, writes: I am charmed with the effects of celerina (Richardson, St. Louis) in nervous and sexual debility. It is simply the most efficient nerve tonic in the materia medica. I have treated several cases of impotency, that had sorely tried my patience, with complete success under the use of celerina, in teaspoonful doses, four times a day.

I can say from experience, that the following combination will give perfect satisfaction in the treatment of nocturnal emissions:

R. Celerina..... 3 ounces.
 Bromidia..... 1 ounce.

M. Sig.: One teaspoonful three times a day in water or syrup.

This will stop the emissions, strengthen the sexual organs, and build up the nervous system at the same time.

Iodide of Potassium in Typhoid Fever.—Writing in the *Pacific Medical and Surgical Journal*, for November, 1880, Dr. Oatman announces that iodide of potassium is "as much a specific in typhoid as quinine in intermittent fever." His exact plan is this:—

An adult with uncomplicated typhoid fever may take five grains of iodide of potassium every three hours, in a little sweetened water. Also every three hours one desertspoonful of the following recipe, viz:

R. Ol. terebinth.
 Tinct. anisl..... aa. fʒ j.
 Vitel. ovi..... No. ij.
 Sacchari..... ʒ ij.
 Aquæ puræ..... ad. ʒ ij.
 Ft. emulsio.

M. Sig. This emulsion may be taken between the doses of the iodide.—*Medical and Surgical Reporter.*

Peppermint in Neuralgia and Rheumatism.—The Chinese apply peppermint locally over the seat of pain with a camel's hair pencil. It has afforded immediate relief also in gout and rheumatism, when thus applied.—*Ib.*

Constipation.—Dr. S. H. Price (Medical Brief) says the following combination has never failed to relieve constipation, in his experience, when the person is otherwise healthy: R. Extract cascara sagrada, fl., f. ʒj.; tr. nuc. vom., f. ʒij.; ext. belladonna, fl., f. ʒss.; glycerine, f. ʒj. M. Sig. Teaspoonful night and morning, as necessary.

Emulsions of Cod-Liver Oil, Compound and Simple.—

Mr. C. L. Diehl, pharmacist, has kindly furnished us with the formula as requested :

Cod-liver oil.....	℥ iv.
Water	℥ iij.
Gum arabic	℥ ij.

(All by weight.)

Triturate the oil and gum together, then add the water and form an emulsion. Add to this—

Ess. p-ppermint.....	m. xl.
Oil of bitter almonds	gtt. ij.
Comp. tinct. cardamom.....	fl. ℥ j.
Syrup of orange.....	fl. ℥ iij,

if the "compound" emulsion is desired ; or,

Oil of wintergreen	gtt. xvj.
Simple syrup.....	fl. ℥ j.
Water	fl. ℥ iij.

if the "simple" emulsion is desired.—*Louisville Med. News.*

Ergotine in Prolapsus Ani.—A boy five years of age came under my treatment, suffering from prolapsus ani of two years standing. The gut came out in the extent of two and a half inches after each passage. My treatment at first was of the routine kind—cold affusions, cauterization with nitrate of silver, tincture of iron, etc. The bowel persisted in coming down at every passage. As a last resort, I tried an ergotine suppository.

R Ergotine.....	gr. ij.
But. cocoa.	q s.
M. Ft. Suppos.....	no. j.

The effect of the remedy has been magical, as after the use of a few of the suppositories, there has been no return of the condition, and the case is cured.—*Country Practitioner.*

Cystitis—

R Acidi benzoici.	
Sodæ biboras.....	aa. 10 grains.
Inf. buchu.....	2 ounces.

M. Sig. This amount to be taken three or four times a day. This may almost be called specific in its influence in the earlier stages of cystitis, affording rapid and lasting relief.—*Medical Gazette.*

Amenorrhœa—

R Strychnia sulph.....	1 grain!
Cinchonidia sulph.....	2 drachms.
Ferrum per hydrogen	
Assafoetida pulv.....	aa. 2 drachms.
Ext. quassia.....	q. s.

M. Ft. pil. No. 60. Sig. One, four times daily.—*Medical Bulletin.*

Treatment of Diphtheria.—Dr. Nunn at American Medical Association, quoted Dr. Jacobi as saying: "The entrance of the diphtheritic poison into the system is not the same in all cases." "There are cases in which the origin of the disease is decidedly local." "There are others in which the poisoning of the blood through inhalation is the first step in the development of the disease." A powder used by Dr. J. B. Read is as follows:

R Sulphur sublim.....	grs. xlvijj.
Acid tannic.....	grs. xij.
Acid salicylic.....	gr. j.
Pulv. potass. chlorat.....	grs. xij.

Precaution must be used in compounding this prescription. A little of this powder is put on the back of the tongue every hour or two, and a small piece of ice given afterwards. It will be seen that this prescription is a combination of antiseptics principally. In a case treated by Dr. Nunn, the following formula was used with good effect:

R Sulphur sublim.....	grs. viij.
Acid boric.....	grs. iv.
Acid benzoic.....	gr. j.
Acid salicylic.....	gr. j.
Acid tannic.....	gr. j.
Acid tartaric.....	grs. iv.
Sodii chlorid.....	grs. iv.
Resorcin.....	ga. j. m.

Dr. Nunn thinks that this formula will prove efficacious.

Dr. G. Vivian, of Alexandria, Minn., has used, in severe epidemics, alcohol as an inhalation, and has employed as much as a quart of alcohol a day. He has never seen any constitutional effects since.

Dr. J. McNeal, of Gettysburg, Pa., recommends the following:

R Potass. bromid.....	ʒi.
Potass. chlorat.....	ʒij.
Acid carbolic.....	grs. xx.
Aquæ.....	Oj.

M. Use in an inhaler.

Locally, chloroform ʒij, lin. saponis ʒj—ʒij.

Dr. F. E. Hitchcock, of Rockland, Maine, uses equal parts of sulphurous acid and water in an atomizer. The proportions can be varied, and the acid used as a gargle. Cold affusion externally.

Viburnum Opulus.—This remedy is one of our very best when the following symptoms are present: Hysterical condition from uterine irritation, cramps in the extremities during pregnancy, dysmenorrhœa of a spasmodic character, and painful, scanty menses.—*Medical Times*.

Venereal Warts.—By applying twice daily, equal parts of powdered alum (burnt) and tannin to those troublesome growths, they can be removed in three or four days.—*Canada Med. Record*.



EDITORIALS AND MISCELLANEOUS.

Lactopeptine is a very valuable remedy in cholera infantum and the diarrhoeas of children, especially in any case dependent upon or connected with indigestion.

Lambert & Co. have kindly sent us samples of their preparation Listerine. The formula gives promise of excellent results from this article in the dressing of wounds, etc. It is likely to prove a great convenience to both surgeon and physician as a purifying and antiseptic article presented in a very convenient form.

DR. W. D. BIZZELL, formerly of the Mobile Medical College, has been elected to the chair of Chemistry in the Southern Medical College, in place of E. J. Hallock, resigned.

The officers elect of the Faculty for the year 1881 and '82 are as follows:

Prof. T. S. POWELL, President.

Prof. R. C. WORD, Vice-President.

Prof. W. P. NICOLSON, Dean.

MR. J. J. TOON, Treasurer.

The Annual Announcement for 1881 and 1882 is now ready.

BRILLIANT RECEPTION.

The reception given by Drs. McCaw and McGuire, at the Westmoreland Club-house, to the members of the American Medical Association (says a Richmond paper), was an occasion which will long be remembered with pleasure by those in attendance—the number being in all about six hundred and fifty. From 9 o'clock until 12, the parlors of the admirably arranged building was thronged with an assemblage as brilliant as ever gathered together in Richmond on a similar occasion. Music and flowers added to the attractiveness of the scene. The full orchestra, under the *baton* of Prof. Reinhardt, rendering choice selections during the evening.

Among the distinguished physicians present were Dr. Brodie, of Detroit; Dr. Agnew, of Philadelphia; Dr. Percival, of Maryland, and Dr. Sayre, of New York.

The entertainment given by Dr. and Mrs. R. T. Coleman, to the visiting physicians, was a most brilliant affair, and will ever be kindly and pleasantly remembered. We regret the want of space to give full expression in regard to it, and to the many hospitalities so characteristic of Old Virginia, which were extended to the members of the Association.

"FORGETFULNESS, CARELESSNESS, PROCRASTINATION."

"A hearty confession is good for the soul." A subscriber from North Carolina has relieved his conscience by remitting his dues after long indulgence on our part. He thus writes:

DR. R. C. WORD, Atlanta, Georgia:

Dear Sir—You will please be sure *not* to publish the receipt of this *in the Journal*; on the contrary, be *very private* about acknowledging it; and that you do it as much in the dark as possible, I enclose an envelope. I am ashamed of my long neglect of your claims upon me, which you may attribute to a commingling of forgetfulness, carelessness and procrastination. However, I send you money to pay for back dues. The *RECORD*, like wine, grows better as it gets older, and I congratulate you upon its high position in the medical world.

Yours truly,

B. T. M.

This tardy confession of our friend restores him to our confidence and shows him to be a true man at heart; and yet this habit of procrastination and neglect, though repented of at last, does not wholly wipe out the injury and loss inflicted upon the journalist who is forced to meet the cash demands of the printer under serious perplexities and disadvantages. This course is not meant to rebuke the friend who now so nobly confesses, but to give a much needed hint to the many yet in arrears who continue to disregard our reminders of the fact. Yes, "*carelessness*, postponement, forgetfulness," are the breakers upon which so many good and noble literary enterprises in the South have been hopelessly wrecked.

W.

ASSOCIATION OF MEDICAL EDITORS.

"This body of medical journalists, which meets during the session of the American Medical Association, held their annual meeting at the Exchange Hotel, Richmond. In the absence of the president, Dr. J. F. Shrady, Dr. J. A. Ochterlony, of Kentucky, was called to the chair, Dr. D. S. Reynolds, of Kentucky, acting as secretary.

The president's address was read by Dr. Carpenter, and ordered to be printed.

The committee on Necrology (Drs. Dunster, Cole and Edwards) reported the demise during the past year of two members (Drs. Davis and Cowling). The committee was allowed time to complete the memoirs.

The committee appointed to suggest officers for the ensuing year, named the following, which were confirmed:

For President—Dr. Landon B. Edwards, of Richmond, Va.

Vice-President—Dr. Ralph Walsh, of Washington, D. C.

Secretary—Dr. D. S. Reynolds, of Kentucky.

After an interchange of views the Association adjourned to meet on the Monday evening preceding the next annual meeting of the American Medical Association."

That the Editors' Association is not duly appreciated, we have heretofore stated. We regard it, if properly conducted, as a highly important body. In another place we refer to the agency of journalism in the elevation of Medical Education. The members of the profession throughout the country, more than by any other agency, are

influenced by the journals they read, and a wholesome medical literature is of the utmost importance. The Association of Editors should look to the encouragement among themselves of a high moral and social brotherhood, free from envies and jealousies, and liberal in all the courtesies of journalism. Among the leading principles and objects upon which there should be the most perfect unanimity are the promotion of medical progress, the elevation of the standard of medical education, the encouragement of a high ethical standard, and the principles of truth, integrity and honor in the ranks of the profession.

AMERICAN MEDICAL ASSOCIATION.

In our last we sketched briefly the more important points in the proceedings of the American Medical Association. The hospitalities and courtesies of the occasion, we had not space to detail. Our Senior, Dr. T. S. Powell, who was present as a delegate from Georgia, and who is a Virginian by birth, enjoyed greatly what he is pleased to style the real Old Virginia hospitalities of the occasion.

He visited his old friends and relations in various sections of the State, spending many weeks. His gifts as a speaker are always called into requisition when he visits his native State. A subscriber to our Journal, writing from Brunswick, thus facetiously alludes to him:

"About the 24th I found your co-editor, Dr. Powell, in this county, and took him to Lawrenceville, where it being court week, he found many acquaintances. His reception by old friends, and also by many of the younger generation, anxious to shake hands with a *big man*, excelled anything I ever witnessed. Our Virginia people are very appreciative; and always delight to honor Virginia's sons who merit it."

He refers also to an address which Dr. P. made at Hicksford to a large audience. The Doctor also made an extempo address at a College Commencement in Brunswick, which was highly spoken of by the papers of the place for its ability and eloquence. That the Doctor had a fat time is evident, having returned home with an additional 20 pounds weight to his already Aldermanic proportions.

W.

MEDICAL COLLEGE ASSOCIATION.

At the *Medical College Association* in Richmond, on motion of Dr. Bodine, the regular order of business was suspended to enter upon the election of officers. Dr. Gross having stated that he would under no circumstances accept a re-election, Dr. Bodine, of Louisville, was elected president; Dr. Briggs, of Nashville, vice-president, and Dr. Leartes Conner, of Detroit, secretary and treasurer. The hour for the Association having now arrived, the College Association adjourned at 5½ P. M.

At this hour, no quorum being present, the Association was adjourned for the year, subject to the call of the president.

The failure of a quorum at the appointed hour is regarded by many as the death of the College Association. This is not necessarily the case. It may, however, be well regarded as indicative of a loss of confidence in the plan and methods pursued. That good has been accomplished we doubt not, and it is believed that the Colleges which

have at heart the elevation of Medical Education will not lapse into indifference or adopt any retrograde measures. And after all, it is scarcely to be expected that the Colleges alone, unsupported by the Journals and by the Profession, can accomplish the reformations so much desired. Years ago we took this ground and urged that the proper basis upon which to work was to secure, through the medical press, the interest and co-operation of preceptors and of the profession generally, that the work might slowly and permanently develop into wholesome and successful results. This we still believe is the plan which should be pursued, and to this end, let a warm and hearty co-operation between the Journalist, the Preceptor and the College Professor, be in every possible manner fostered and encouraged.

SPECIAL NOTICES.

PARKE, DAVIS & CO., Detroit, Mich., Manufacture the following New Remedies: Koso, Guarana, Bael Fruit, Buckeye Bark, Urtica Dioica, Soap Tree Bark, Sandal Wood, Pulsatilla, Sundew, Ustilago Maidis, Magnolia Flowers, *Atlantus Giandulosa*, Five Flowered Gentian, Night-Blooming Cereus, *Grindelia Compound*, *Xanthium Spinosum*, Water Fennel Seed, Pomegranate Bark, Evening Primrose, Damiana, Bears-Foot, Broom Top, Couch Grass, Castor Leaves, Parsley Seed, Arbor Vitæ, Chiretta, Kamala. For a detailed description of the botanical history and medicinal application of each Drug, send stamp for their Descriptive Circular. They also furnish their Price List in detail. Any Inquiry regarding these New Remedies will be promptly answered.

Coca Beef Tonic.—This preparation is an excellent tonic in low anæmic conditions—especially useful as stimulus to those who are coming out from the Opium habit.

Anti Hemorrhagic.—The Fluid Extract of Witch Hazel as prepared by Leibig Laboratory and Chemical Works Company, New York, (J. L. Berg & Co., Agents, New York), is an excellent remedy for many diseased conditions—especially for hæmoptisis and other forms of hemorrhage.

CELERINA IN MENTAL DEPRESSION AND THE OPIUM HABIT, ETC.

Dr. Zeller, of Ill., says: "I have used Celerina in two cases of mental depression caused by sexual exhaustion, and have found the results *very satisfactory*. I can give the *same favorable report* in two cases of the 'opium habit.'" Celerina is a nerve tonic of great power and varied application—useful in hysteria, chorea, etc. "I have used Celerina," says Dr. Reed, of Ill., "in a case of general debility, caused by sexual excess, and the patient has greatly improved under its use."

The House of **Wm. R. WARNER & Co.**, of Philadelphia, has been long and favorably known to the Profession in the United States, and indeed have attained to a world-wide reputation. Their SUGAR-COATED PILLS have taken six grand world's fair medals. Their CHEMICALS are all of the finest and purest character, and their PARVULES are the admiration of the Profession throughout the Union. Their beauty and neatness of preparation adapt them to the most fastidious stomach, and the minute division as to quantity, makes it convenient to the practitioner in grading the dose to any required age or condition of the patient.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

BEDFORD ALUM AND IRON SPRINGS.—The advertisement of these Springs may be seen in another part of this Journal, and should be carefully read. The Editors have tested its virtues. It is an excellent remedy in hæmoptisis, or as an anti hemorrhagic in any case, especially of a passive character. As an injection in gleet, gonorrhœa, leucorrhœa, etc., it is highly useful. As a gargle in ulcerated sore throat it is very efficacious. In chronic diarrhœa it is often useful, and given in small doses, in the night sweats of phthisis it has been found an excellent remedy.

ROUTE TO BUFFALO LITHIA SPRINGS.

All persons travelling either from the North, by public conveyance, to reach these Springs, must of necessity pass over a portion of the Richmond and Danville Railroad. Passengers for the Springs leave the cars of this road at the Scottsburg Depot, in the county of Halifax, 12 miles distant from the Springs. Passengers are taken promptly from all trains.

RATES OF BOARD:

Per Day, \$2 50; per Week, \$14 00; per Month of 28 days, \$42 00. Children under 10 years of age, and colored servants, half rates.

THE

Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

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ORIGINAL AND SELECTED ARTICLES.

CONVERSATIONS UPON THE PHYSICAL AND MENTAL HYGIENE OF GIRLHOOD.

BY T. S. POWELL, M. D.,

Professor of Obstetrics and Diseases of Women, and Lecturer on Medical Ethics in
the Southern Medical College.

CONVERSATION VIII.

Mother—"Doctor, I was sorry you had to leave so abruptly at your last visit—just in the midst of that interesting subject—physical recreation *versus* brilliant accomplishments, was it not?"

Doctor—"Yes, madam, and here is a paragraph from Canon Kingsley upon the subject of physical education. He says: 'When instructors teach girls not merely to understand the Greek tongue, but to copy somewhat of the Greek training, of that music and gymnastic, which helped to make the cleverest of the old world the ablest race likewise, they will earn the gratitude of the patriot and physiologist, by doing their best to stay the downward tendencies of the physique, and therefore ultimately of the *morals* of the coming generation of women.'"

Mother—"Doctor, you think, then, that one's physical condition has much to do with the character of the person?"

Doctor—"It certainly has, madam. The health of the body has much influence upon the emotional nature or the disposition, and the

latter has a great deal to do with the moulding of character. Persons who are perfectly sound in body seldom, if ever, commit a crime. This philosophical and sympathetic relation of the body to the emotional character was understood to some extent in England and France many years ago by some intelligent persons who made no profession of medical attainments, but I regret to know that in our own country at this late day, many of our physicians have but little knowledge of this feature in the economics of medicine, and give no attention to its study."

Mother—"Well, I think they ought to give it a great deal of attention, when, as you say, it has such an important significance among high attainments in their profession."

Doctor—"In the one question of digestion, Sydney Smith said, many years ago, that it was the great secret of life, and that character, talents, virtues and qualities are powerfully affected by beef, mutton, pie crust, and rich soups. He further remarked that he had often thought that he could feed or starve men into many virtues, and affect them more successfully with the instruments of cookery, than Timotheus could formerly do with his lyre."

Mother—"He did, indeed, consider a perfect digestion of great importance."

Doctor—"Now, when a girl or woman is in ill health, has one or more organs diseased, the muscles all enfeebled, her nerves shattered, and consequently a general depression of mind and body, nothing but the aid of a Divine power can enable that poor creature to be cheerful, vivacious and sweet tempered, if only in a moderate degree; and even this assistance will sometimes fail, because in such a state of health the nerves are actually beyond the invalid's control to a very great extent, and she is irresponsible for their action. By a physiological law, a healthy state of the nervous organism is the very basis of elasticity of the mind and the disposition, and without it, how can a person be cheerful, pleasant and patient at all times?"

Mother—"Since you mention this, Doctor, I remember how often I have seen corresponding instances, and sometimes in myself, when ill, and also in my daughter Mary, when her health was failing."

Doctor—"Very true, madam, and children, and also adults, are very often rebuked for being impatient and ill-tempered when they really cannot help it. It is cruel as well as unwise to do this, and will retard the recovery of the patient."

Mother—"Then, how shall we do, Doctor, when attending as nurses upon such cases?"

Doctor—"In the first place, have a sympathetic and intelligent conviction that no sick person can possibly feel, in mind or body, like one

in good health, and of course, cannot act as one would when in that normal condition. Let the patient see and feel that you have this sympathy and knowledge, and instead of harshly reproving the impatience, irritable temper, and sometimes hysterical burst of tears and fault-finding, try to soothe the poor, quivering nerves with gentle kindness, and after the paroxysm is over talk with the patient affectionately, and tell her that while you know she cannot avoid having those feelings in a great measure, yet to try as much as possible to be quiet and cheerful, since this will do much towards her recovery."

Mother—"I have often noticed that when sick persons were scolded for being irritable, it increased their excitement and frequently ended in hysterical sobs that seemed to exhaust the strength of the patient."

Doctor—"Of course, and augmented her suffering by unnecessary excitation of the already quivering nerves. I repeat, it is unfeeling, and is folly to scold a sick person when in this condition; and, not only every physician and professional nurse should know this, but it ought to be taught the members of every family."

Mother—"Yes, indeed, and I think, Doctor, that the impatience and ill-temper on the part of the patient could be much avoided, perhaps, altogether, if they received proper attention, and everything about them was kept bright and cheerful and pleasantly quiet."

Doctor—"It certainly could, to a great extent, and the whims and caprices of a patient can be indulged without allowing the indulgence to go so far as to really be injurious."

Mother—"I know it requires some one with a kind, feeling heart, and with much patience and intelligence to properly meet all these difficulties when attending the sick."

Doctor—"Yes, it does, madam, but when acting in the capacity of a sick nurse we should all adopt these measures, because it is our duty, and because we like to be treated in this manner when we are ill ourselves."

Mother—"On the principle, I suppose, that the golden rule is an excellent one at the bedside of sick persons as well as everywhere else."

Doctor—"It certainly is, especially in cases like your daughter Mary's, and in every instance when young girls are approaching the age of puberty, whether they are in good health or otherwise, they should be treated with much kindness and affection. At this time the nervous system of a girl is peculiarly sensitive, and to speak to her harshly, or excite her to anger, will cause her much mental suffering, demoralize the amiability of her disposition, and seriously interfere with a vigorous, healthy change from girlhood to the condition of a woman."

Mother—"I have read, somewhere, that when one's body is in a nervous, unhealthy state it acted as a constant irritant and flame to the mind, and of course, every harsh or unkind word adds fuel to the fire."

Doctor—"Very true, madam, but take a girl or woman who has had a perfect physical training, who has been accustomed from infancy to sleep in cool, well ventilated rooms, to eat simple, plain food, exercise much in health-giving work and recreation, drink pure, cold water, and bathe in it daily, practice temperate, prudent, regular habits in all things; and who has been taught the laws of health and life, and how to obey them, so she would know what was demanded of her health and strength, and she is, per force, amiable, sweet-tempered, difficult to vex or excite to anger."

Mother—"But, ah! Doctor, how few we find who are difficult to excite to anger! I have seen young girls get into a passion because a piece of ribbon bought for them was not the exact shade, or when a dress-skirt was an inch too short or too long."

Doctor—"It is not surprising, madam, when we consider that if a girl's physical education has been deficient, that of her morals will be of the same character. But take a girl or woman that has had a proper physical training, as I have just mentioned, and you will find that this education gives her, besides amiability of temper, cheerfulness, vivacity, beauty, vigor of mind as well as body, warmth of heart, and also *moral* stability, more surely than could have been done under opposite conditions."

Mother—"It is intensely interesting to me, Doctor, to learn how much is involved in the training of children, especially our girls, and yet the responsibility is so great I almost shrink from the duty."

Doctor—"Yes, madam, but while that is true, the very importance of the duty ought to make the faithful discharge of it dear to every mother's heart. As you say, the subject is intensely interesting. I know of none more so in the whole range of science, and while the physical training of our children, which by the way should be kept up until they are matured and sufficiently informed to continue it themselves, while this training involves so much responsibility, it is a most delightful duty. It is a beautiful, and even a sublime work to be a co-laborer with the Creator in making his human handiwork perfect in physical, moral and mental development."

Mother—"But, Doctor, is it indeed in our power to do this?"

Doctor—"It is, madam. In a former conversation I think I told you that the mother, aided by the father, can have and should have the ability to give their offspring, both as children and as men and women, perfect development in all these things. It will be more

surely accomplished if the education begins before birth. When the mother and father are feeble in health, the child will be very often physically unsound. If they are subject to anger, malice, strife and other evil passions, the child will also partake of their nature, and when the mother never lifts her mind to anything higher than social backbiting, sensational novels or the follies of dress and fashion, and the father is fond of coarse and evil associations, the child will have the same low taste, and small mental and moral power."

Mother—"Such results do seem perfectly natural, and upon philosophic principles."

Doctor—"Yes, madam, and the demonstration can be followed out indefinitely, but it is a solemn truth we cannot get rid of, that both parents, and more especially the mother, make these children, these young men and women we see on the streets and elsewhere; they mold them as surely as the potter does the piece of clay in his hands. If you could see the perfection of a human being in both father and mother, you would also find it in their children."

Mother—"Oh! Doctor, I see so much more now than I ever have before and so clearly upon this all important subject. I think you are right in urging and reiterating your advice and suggestions. I have no doubt you find in your practice many cases of deficient training in the health of girls."

Doctor—"I do indeed, madam, some of them very sad, and all could have been avoided by the necessary intelligence on the part of parents and teachers, and proper attention to the health of girls. I had one case of a young girl with curvature of the spine, caused by running up four flights of steps every day to reach the room where she attended school. Another one, approaching the age of puberty, had not sufficient blood and muscular power to successfully effect the change. I advised her father, even urged it upon him, to take her from school for twelve months at least, and to use every hygienic measure as regards exercise, recreation and all others that would give his young daughter more vitality and robustness of health, and warned him if he did not, he might expect distressing, if not fatal results."

Mother—"And did he not take your advice?"

Doctor—"No, madam, I was only laughed at for my pains. The young girl was kept on in the same way, body and mind overtaxed, became more feeble every day, and finally died, not because the disease itself was necessarily fatal, but because the patient did not have sufficient vitality to overcome an ordinary fever. I, as attending physician, was held responsible for her death."

Mother—"That was very unjust and unkind of the parents, after they had disregarded your advice."

Doctor—"In this case, the mother would have taken my advice if the father had allowed her to do so before it was too late. So you see the obligation rests upon both parents, as I have said, in regard to the health of their daughters."

Mother—"I see that it does. But, Doctor, I and nearly all mothers are delinquent in talking to our daughters at the proper time, so as to impress them with the vital importance of everything that pertains to their health. I would be glad if you would tell me how I shall talk to them about these things."

Doctor—"Yes, madam, I know it is a troublesome subject to mothers, but I do not see why they should have more disinclination to advise their daughters upon this very important subject, than they have to talk to them about the cultivation of their personal appearance and the fashion of a dress. In the first place mothers should divest the subject of their daughters' health, and also that of their boys, of all *false modesty*; until they do this their children will have an idea there is something indelicate about the cultivation of their health, and will therefore think some things that pertain to it must be concealed from their parents.

Mother—"And will perhaps talk about it improperly among themselves."

Doctor—"Certainly, madam, and children of nearly all ages will also get this impression of indelicacy in regard to their health, from hearing the subject spoken of by persons who will treat it coarsely and roughly. Boys will hear it upon the streets, or in other places, from dissolute men or vicious boys, and it will be handled in the presence of girl, by some immodest and flippant schoolmate or indiscreet woman, in a manner that will divest the subject of its purity, delicacy, and, shall I say, sacredness?"

Mother—"I think so, Doctor, for when looked at properly, the purity and delicacy of the subject should give it an air of sacredness."

Doctor—"This coarse or indiscreet manner of treating it will have a bad effect upon the morals of a boy or girl, and to the latter especially, if she is timid and sensitive, it will do injury both in mind and health by unduly exciting her imagination and investing this change in her life with a kind of horror, and with fears that are groundless."

Mother—"Yes, I know this from my own experience as a young girl; I was for some time very ignorant about these things, and I had these same fears and imaginary horrors."

Doctor—"And all girls will have them if it is not avoided by the proper instruction and watchfulness of the mother, or some kind and intelligent lady friend. As I have tried to show you, my dear madam,

not only an important physical question is here involved, but also a moral one of much significance in the training of our young people. While the mother is giving her young daughter all this necessary information, the father, in the same delicate and reverent manner, should teach his little boys the origin of their being; tell them what their mother suffered to give them life, and what a sacred thing that life is in the sight of the Creator, and should be held so by them, and be preserved in perfect health and vigor. The father would thus quiet in the mind of his boys the anxiety which they all will have in regard to the mystery of life, and also take away the vulgar curiosity in regard to its solution. But, better still, the boys would then grow up with a sympathy, respect and affection for their mother they would not have under other circumstances."

Mother—"I never thought of this before, Doctor, and I can now see plainly which is the better way."

Doctor—"Yes, madam, and as I have said, if the father neglects this duty his sons will learn these things from evil men and boys, and the subject will then, in their minds, be invested with indelicacy or coarseness, and even vulgarity; all of which will surely have a demoralizing effect upon the emotions and the life of his boys."

Mother—"I know that is true, Doctor, and I have often been troubled to think of my children getting such information, and among such associations."

Doctor—"Well, madam, as you see, it can be avoided if the parents will forestall all others by talking to their children themselves. This instruction should be imparted very early. Children comprehend plain and practical lessons in philosophy at a much earlier age than one would suppose. Begin by instructing them in the simplest laws of life and health, and make it an every-day business, as they are growing up, to learn from your teachings, the proper books and practical tests, how to acquire and preserve perfect health of body, mind and morals. Let them learn what kind of food and drink, style of dress, habits of life, in sleeping, exercise, work, and study, reading and recreation will enable them to attain perfection, physically, morally and mentally, and live in happiness and robust health to extreme old age."

Mother—"I have heard some mothers say that a girl ought not to know so much about herself and the disorders and sufferings to which her sex are peculiarly subject, because she will then imagine all the time that she herself is a victim to some of these diseases."

Doctor—"That is a great mistake, madam. On the contrary, when a woman has this intelligent knowledge of herself, she also knows that it is in her power to avoid these diseases, and that convic-

tion itself will give her confidence and courage, and prevent her from being subject to such imaginary conditions."

Mother—"Yes, I understand, and see that your argument is very good."

Doctor—"It is neither necessary nor prudent to give your daughter all this information as a child or a very young girl. After learning the simple rules of health, then when the daughter arrives at the age of twelve or thirteen years, the mother should tell her, in the proper manner, about the change that probably will soon take place in her condition, and impress it upon her to have no fears about it, that it is a natural law with all her sex necessary to her good health; and also, to the perfecting of her beauty in face and form, and that so long as she observes the proper habits of life in every respect, there is no danger at all in this important period of her girlhood. Then, as she grows to woman's maturity, let her learn to know herself *as a woman*, and be well fitted to take care of her health and prevent disease."

Mother—"But, Doctor, does not this change sometimes take place in our own climate before twelve or thirteen years?"

Doctor—"Yes, madam, unfortunately it does, but it is owing to the coarse or luxurious manner in which the child has been reared, more than to difference in temperament, and I do not think that in our country this forced maturity ever argues well for the perfect health and long life of the girl after she becomes a woman."

Mother—"Do you not think, Doctor, that the emotional nature of girls undergoes a great change when they first enter their teens?"

Doctor—"It certainly does, madam, and one that especially requires sympathetic and watchful care, until the daughter is at least sixteen years of age. You can probably remember yourself the change that then took place in your mental and emotional nature, as well as in your physical condition. A girl at this period of her life becomes very susceptible to all impressions and emotions, and her nervous system is tremulous and very sensitive. She has feelings, ideas and freaks of imagination she never had before, and which often trouble, and even startle her with the strangeness of their nature. They are a mystery to her, and she thinks and broods over them, and the stamp of her physical and moral being is now perhaps decided for life by the proper information and counsel."

Mother—"She also becomes more excitable and irritable in temper, does she not?"

Doctor—"Yes, madam, and grieves over what she thinks is a lack of amiability, when it is really a physical infirmity she cannot control. Under these conditions the young girl is fortunate if she has a mother who has always had her child's confidence and reliance upon her guid-

ance, and to whom the daughter will intrust all these feelings and have them explained and all her anxiety in regard to them removed from her mind."

Mother—"I can call to mind several lady acquaintances whose life has been most miserable for the want of all these counsels at the proper time. If young girls do not have advisers of their own sex, and older and wiser than themselves, they are in great danger of forming early attachments which end in most unhappy marriages, and they live and die in this miserable condition, throwing all the responsibility upon their mothers. I have heard them say on their death beds: 'Oh! if my mother had only told me all these things, or had encouraged me to talk to her, my life and health would not have been ruined as they now are.'"

Doctor—"Yes, madam, I have known similar cases, and it is all very sad, very distressing. In my professional life I have often discovered the pain in the head, hysterical convulsions and nervous cough of young girls were caused by mental emotion which had been badly directed and indulged in, because it was all concealed from the mother as she did not have the full confidence of her daughter."

Mother—"Doctor, how shall we get this confidence of our children so that they will have no secrets of any kind from their parents."

Doctor—"The question you ask is a highly important one—too important for me to attempt to answer now, as my time is out. I will call again in a few days and give you my views. Good morning, madam."

TREATMENT OF PNEUMONIA.

BY T. B. GREENLEY, M.D., OF KENTUCKY.

I was much gratified by the reading of Dr. Word's remarks on the treatment of pneumonia in the June number of the RECORD. I entirely accord with his ideas in that regard. I was also much pleased with the article of Dr. Townsend on the same subject, in the April number of the RECORD, whose views are very similar to Dr. Word's. I believe the treatment, as recommended in those two articles, embrace the therapeutics of pneumonia now in general practice. I have observed for some time on the part of a few practitioners, that there is considerable effort making to restore the old antiphlogistic plan of treatment in that disease; even going so far as to recommend copious blood letting. Now it had been hoped that the days of *phlogiston* had long since measurably departed never to return; but, as some philosopher long since remarked that everything takes place in cycles, and

as the free blood-letting system abated thirty years ago, it is perhaps time for its return.

Prof. Gross now stands foremost in the ranks of those who advocate blood-letting in pneumonia; and it is to be greatly regretted that he does, as his great name and influence will tend to give much impetus to the spread of the practice.

I have been practicing medicine thirty-six years and am confident that in my early practice I have seen patients bled, purged, vomited and starved to death, in order to prevent their dying from inflammation and fever. This was called the *antiphlogistic plan*. In my student days it was a familiar thing to see a patient brought before the class at the hospital, ordered to be bled so many ounces from the arm, and so much by wet cups over the chest; also a purgative with antimony, at regular intervals, to control the fever. As a general thing, at our next visit, it would be announced to us that the patient before us at the last meeting was dead.

I have always regarded pneumonia as a graded disease, and requiring treatment accordingly. When only one lobe, say of the right lung, is involved, in a subject of previous good health, but little treatment is necessary; and that mainly should be, if possible, to prevent the further extension of the disease. It is impossible to say what the proper treatment should be in pneumonia unless we have a given case. We might have cases on hand at the same time requiring exactly reverse treatment.

The stout, healthy man of temperate habits would require depressing treatment, while the drunkard or previously debilitated subject would need the supporting plan. Hence we cannot prescribe any special plan of management unless we have some knowledge of the health and vitality of the patient before the attack.

Now the question arises, can we, in a case of previous robust health, reduce the power of the circulation so as to control the disease, and, if possible, prevent its further extension, as well and safely by medication, as we can by venesection? Or if the same result can be obtained by the former, as by the latter means, which course is the more preferable? And which would be the more likely to hasten or retard convalescence? I leave the reader to answer. I think, without question, we have in our control the action of the heart and arteries, just as efficiently by the remedies Dr. Word advises, to wit: *veratrum*, *viride*, *aconite*, *gelsemium*, etc., as can be done by the lancet. If this proposition be admitted, then why not save the patient's blood and thereby his strength for the period of convalescence? It is said that the blood is the life and strength of the animal; then let us on

conservative principles, husband as much as possible these essential elements in the treatment of diseases.

I will admit that a case might be instanced wherein venesection with a full stream to the amount of a few ounces would be perhaps safe and advisable. Were I called to see a patient in the first stage of pneumonia, stricken down in robust health, with deep congestion of the organs, hurried and impeded respiration, full, bounding pulse and flushed face, I would not hesitate to bleed him for momentary relief, until I could bring him under the influence of depressing agents. But a case of this description is rarely presented.

Many years ago one reason for blood-letting in inflammation was to reduce the excess of fibrine, and thereby lessen the dangers of the exudative stage from adhesions, etc. We now believe we can fully as well control dangers from this cause by the use of alkalies, such as potassa, ammonia, etc.

In patients of previously broken down health, either from disease or dissipation, it is necessary to use supporting treatment from the outset. Then we can use Prof. Hint's plan of quinine and whisky with benefit.

As a general rule in the treatment of pneumonia it is desirable to keep up free diaphoresis, and nothing that I have tried effects this object better than enveloping the chest with a flax seed meal poultice. It retains its moisture a long time, which obviates the necessity of frequently changing it, thereby affording great advantage over all other poultices. In this state of gentle perspiration, the patient always expresses himself as feeling comfortable; and by this means we reduce the volume of the circulation much more safely than by venesection, and at the same time without exhausting to any great extent the powers of life.

But I did not set down to write an essay on the treatment of pneumonia, but merely to give expression of accordance with the article referred to and that of Dr. Townsend, in preference to the blood-letting plan.

I hope the conservative tendency of the profession in the treatment of disease is so well established at the present day, that the old, heroic practice of salivation and venesection will not soon be revived.

EMPHYSEMA AND BRONCHIAL DILATATION.

BY JAS. H. LOW, M. D., OF NEW YORK.

I offer the subjoined article, hoping it may be the means of obtaining from the profession some practical suggestions upon the treatment of a disease which, to me, is so difficult of diagnosis.

I was called, about one month ago, to see Mr. H., who resides on 52d street, in this city, a native of this State, age 41 years. He informed me that he had been sick eleven years, but able, a good deal of the time, to go about the city and attend to his business, which is that of a dairyman; that he has had a number of medical men in this city to attend him, and one in Albany—the latter one pronouncing his left lung destroyed, and all who attended him pronouncing his case consumption, treating him awhile and then discharging the case, telling him to take care of himself and avoid all extremes which is the best course you can pursue. Thus he has passed from one physician to another for the last eleven years, paying out, as he tells me, fifteen hundred dollars doctor's bills.

This was his verbatim statement to me on my first visit. I told him it was necessary for me to make a thorough examination of his case before I could venture an opinion, to which he readily assented.

Physical Signs—There was some dullness of resonance over the upper portion of the left lung on percussion; and on auscultation the crepitant rale, to some extent, with bronchial respiration and bronchophony; respiration at times cavernous, with respiratory and vocal resonance; great dyspnoea; expectoration of sputa resembling a small raw oyster. Considerable expectoration or vomiting of blood, which I was led to believe, from the quantity and dark color, was from the stomach, and was hæmatemesis and not hæmoptysis, as was supposed by most of his former medical attendants.

The dyspnoea is one of the prominent symptoms in this case, and while the patient is quiet he feels as though he could take any amount of exercise with impunity, but a little exertion on his part develops this symptom, than which there is none other more distressing to him. I am satisfied in making out my diagnosis that my patient has emphysema or dilatation of the pulmonary air cells of the left lung; at least I am satisfied that there exists some bronchial dilatation, and I attribute the dullness on percussion referred to above to condensation of the lung around the expanded part. I thought also that his heart was slightly enlarged, with some valvular change from the dyspnoea and accelerated circulation on the slightest exercise. He complained, also, of considerable uneasiness, amounting to a dull pain in the small of his back, pain increasing considerably when bending over, with numbness in the lower extremities when sitting a short time, and a partial loss of sensibility and a disinclination to move. I thought that he was threatened with (if I may be allowed to use the term) reflex paraplegia, but supposed that the symptoms might arise from relaxation and an enervated condition of his system.

Consumption is not hereditary in his family. He was quite stout

previous to his attack. Temperature now about 100, pulse 104. Anemic in appearance. Weight, 105 pounds; previous to his sickness, 148 pounds: considerable nervous excitability; pain upon pressure in the right hypochondriac region; heavily coated tongue; but little appetite; great torpor of the liver.

My first object in the treatment of the case was to correct the hepatic derangement. I gave him a pill of blue mass, grs. j; podophyllin, grs. $\frac{1}{4}$; ext. colocynth comp., grs. j, at bed-time each night, which acted finely. In addition to this, I gave him the ferrated cod liver oil, phos. ferri, grs. ij; cod liver oil, 3ij. three times daily. Subsequently I changed to tinct. ferri. chloridi and cod liver oil. I kept him on this treatment for two weeks; his tongue cleaned off beautifully; appetite much better; sleeps soundly all night, and says he feels decidedly better. Yet he is harrassed with the dyspnoea. I described his case to Dr. Lockrow, on Madison avenue, who has had considerable experience in throat affections and lung diseases, and he suggested that probably good results might follow from the use of the new remedy, fluid extract of quebracho, and through his kindness I was furnished with a portion of the medicine with instructions how to administer it. It is claimed to be almost a specific in dyspnoea. I commenced using it in small doses—twenty minims twice daily, gradually increasing it two minims daily, until I had reached thirty-two minims, and have fallen back to the first dose, as it seemed to produce some nausea. I am now increasing gradually again daily as at first.

I have been, so far, well pleased with the result, and can safely recommend its use to the profession in the treatment of dyspnoea.

There was about forty-five cases reported at the last meeting of the County Medical Society of New York, a majority reported favorably—all Dr. Lockrow's.

I have now added to my treatment the following pill: pyrophosphate ferri, grs. j; ext. nux vomica, grs. $\frac{1}{4}$; sulph. quinia, grs. j, one pill three times daily.

At this writing tongue nearly clean; appetite good; sleep refreshing; pulse, 96 to 100; respiration, 20; dyspnoea disappearing; all the symptoms improving, and the patient says he will get well, certain.

SOME POINTS IN THE TREATMENT OF HEMORRHOIDS.

BY WILLIAM R. D. BLACKWOOD, M.D., OF PENNSYLVANIA.

In briefly considering this subject, I do not hesitate to assert at the outset that, aside from the actual suffering endured, no chronic malady causes more loss of time and money to its victims than the one under consideration; and when we remember the fact that many thousands

are afflicted with hemorrhoids, the importance of the matter is readily apparent. It is unnecessary to refer to anatomical or pathological questions; these have already been thoroughly discussed, and are understood by all practical surgeons. Piles are simply local anal tumors, varicose in nature, lying either or both within and without the sphincter, liable to inflame or ulcerate at intervals, caused by either local irritation or venous obstruction at points more or less remote, disorders of the hepatic system of vessels being notably productive factors. A "fit of piles," as the laity term the acute inflammatory action which sets in at intervals, is accompanied by general febrile disturbance, together with prostatic, vesical, and gastric irritability in the male, and in the female the bladder symptoms are frequently exchanged for serious uterine complications. Pregnancy, which frequently produces hemorrhoids, may be terminated through abortion, induced by acute inflammation of piles, especially in the case of those long affected.

The principal agents productive of hemorrhoids are errors in the digestive function, through inattention to diet, neglect to secure a full, free and daily alvine evacuation, or the production of harsh cathartic action in constipated persons through aloetic purgatives especially; the vaunted use of aloes in the treatment of piles, as lately advocated, to the contrary notwithstanding. Onanism, and certain method of generac fraud, especially tend to the production of hemorrhoids in both sexes, and aggravate the condition existing. Every successive "fit" increases the trouble already present, and ulceration is intensified, thus increasing the liability to hemorrhage. I am not a believer in pathological safety-valves or drains, and unless in the case of typical gormandizers, who must bleed or burst—and for them this is as convenient an outlet as any other—I always interfere, when hemorrhage becomes free, or repeated at short intervals; and I may here state that I have operated under very diverse conditions, both for hemorrhoids and fistula, and have never seen anything but good result, in spite of the popular notion respecting the danger of so doing during the co-existence of pulmonary and other complaints.

The first point in the medical management of a case is strict attention to diet. We extend our gastronomic performances too much in this country, and the national virtue of getting away with our meals at breakneck speed is proverbial, especially in our traveling public, whom necessity compels to eat too often bad food villainously cooked, eating-house biccuits particularly, being beyond even the power of an ostrich to digest, as no doubt many of my hearers know from personal experience. It has been said by some Solon that "every man should be his own doctor at forty;" and, in my opinion, all men should, if they deserve to live at all, know what diet suits them at half that age, and adhere to it. As few persons, however, attend to this matter, it behooves the physician to carefully watch his hemorrhoidal patients in this respect. Fruit should enter largely into the dietary, and I have found excellent results follow the habitual, daily use of at least a pint of the juice of the ordinary tomato, and it should preferably be uncooked. This esculent can be readily preserved throughout the year in any of the numerous air-tight cans or jars in common use. In lieu of baker's or home-made white wheat bread, Graham, oaten or bran bread and crackers should be taken, and a bowl of gruel made from

either oat or Indian meal is valuable at bedtime in constipated habits.

Instead of common salt, the addition of a few grains of sodium phosphate acts happily. All alcoholic, malt, or other liquors, from the strongest to the mildest, including home-made beverages, must be strenuously tabooed, and many sufferers are greatly relieved simply through abstinence in this direction, venous congestion of the hepatic system being often unconsciously maintained through moderate indulgence in drinking. Regularity in eating is essential; better miss the meal than partake an hour too soon or too late. Next to diet, but not less important, is the necessity of a full, free and daily evacuation of the colon and rectum, preferably before commencing the duties of the day. As in everything else, habit has much to do with this, and the bowel can, in the majority of cases, be educated to unload itself without medication. On rising from bed or breakfast, gentle massage of the abdomen, having first bathed it rapidly with fresh cold water, and dried by thorough friction with a rough towel, will in a short time so tone the muscles, of the parietes and the bowel as to compel action, even in obstinate complication. I have repeatedly relieved this miserable condition by this simple process without a solitary dose of any medicine. The application of induction current from a good Faradic battery replaces massage, but must be kept in the hands of the physician, as injudicious and too powerful currents over the solar plexus of the sympathetic will frequently induce faintness and depression. If medication must be used, or obstinate hepatic torpidity persists, an admirable combination is one minim (.066 c. c.) each of ext. fl. euonymin, iridin, and tr. belladonna, with or without strychnia. This may at times be replaced by similar small doses of Fowler's solution, fl. ext. phytolacca, and tr. belladonna, and whichever is used should be repeated four times daily. Fluid preparations are preferable because of their reliability and facility of absorption. To obtain good results, the administration must be maintained for several weeks, or until the case is evidently in need of surgical interference. The use of ergot and glycerine internally has been negative with me. An enema of lukewarm water before defecation is valuable in ulcerated cases, and water mopped on as hot as bearable after a motion will relieve the hemorrhage, if severe. *Paper of any kind should never be used in the closet*, but in place thereof, a soft sponge, with carbolated water, should be freely applied to cleanse the mass before replacing it inside the sphincter. *This point is exceedingly important* and should be insisted on by the attendant. All supporters, ointments, suppositories, and the like local applications have utterly failed in my practice, and I have tried many highly lauded.

A faithful trial of such medical treatment failing, operative measures should at once be instituted. My plan is, to urge operation after the first well-defined "fit," or acute inflammatory attack, for no one knows how soon the next, and possibly severe one, may ensue. I also snip off all external piles, or shrunken tabs, as soon as discovered, to prevent transfer of the irritation to which they are peculiarly exposed to co-existing internal hemorrhoids. For many years my operative measures were confined to the ligature, nitric acid, and the galvanocautery, but for the last three years I have used exclusively, in all cases, pure crystalized carbolic acid, enough glycerine only being ad-

ded to insure fluidity. With this the masses are injected—two at a time if small, one only if large. In very large tumors the acid is deposited in two or more points without entirely withdrawing the needle, and the body of the pile is injected alone, it being insensitive, whilst dilute solutions are absorbed more or less, as evidenced by the taste in the patient's mouth. The stronger acid is therefore the better, as avoiding probable depression through absorption. Morphia may be added or used subsequently to the injection; anæsthesia is not necessary. The injection should be made slowly, complete rest enjoined, solubility of the bowel insured, light diet allowed, and the cure is assured, without danger, which is more than can be said of any other method.

During the last twenty years my experience has been large, and my deductions are based entirely upon practical results, not upon theory. I am convinced that the subject does not receive the attention it deserves, and with a desire to attract more attention to it, and to summarize in closing, the following points are suggested :

1. Hemorrhoids may be arrested by proper attention to diet, and to a normal daily evacuation of the bowel.
2. Hemorrhoids, being present, may be generally kept in check, frequently greatly relieved, and sometimes cured entirely, by the means used to prevent them.
3. Hemorrhoids becoming troublesome, despite medical treatment, should be removed surgically without delay.
4. Hemorrhoids may be quickly, surely, and safely removed by the preferable operation of injection by carbolic acid.

VALUE OF BARK IN SUBSTANCE.

BY WILLIAM A. DAYTON, M. D.

It is well known that the sulphate of quinine, and especially in the form of manufactured pills, varies in strength and efficacy—a fact due to the extent of its adulteration with cinchonidia and inert materials.

For this reason, no doubt, with me, many physicians have treated the acute infectious diseases often with embarrassing results—*i. e.*, patients would linger long beyond the time specified, when they expected to be well.

During the past six months I have used little or no sulphate of quinine. Remembering Professor Alonzo Clark's statement that "bark in substance often succeeds in breaking up a fever when quinia fails," I have accordingly used the bark prepared as follows, with results that fully warrant the exclusion of the sulphate of quinine from the list of drugs I prize most.

The bark *par excellence* to be used is that of the *cinchona flava*, one hundred grains of which yields from two to four grains of quinia alone, besides other alkaloids of equal, though disputed, efficacy.

In consequence of its occasional mixture with other barks, it is well for the physician to know the appearance of the genuine article when purchasing. For all intents and purposes, it is distinguished from the *cinchona communis* and *rubra*, and spurious barks: 1st, by its yellowish color; 2d, by its flattened, quill-shaped pieces; 3d, by its ex-

ternal (comparatively) smooth surface; 4th, by its fibrous fracture, with the escape of a fine powder; 5th, by its extremely bitter taste.

The bark selected with these precautions, and well bruised in an iron mortar, I use thus :

R Cort. cinch. flav..... ʒ iv.
Cort. aurant ʒ ij.
Spts. vin. rect. dil..... Oj.

M. Allow to stand several hours, then percolate eight ounces.

The result is a fluid extract, of which a teaspoonful may be given three or four times daily.

As will be observed, several ounces of dilute alcohol remain in the percolator. This I express and use in future preparations, which, of course, are stronger than the first.

I have carefully compared the effects of this and Warburg's tincture; on the whole, the bark was most potent; and I believe that what is claimed for the latter is realized by the use of the former, viz: marked febrifuge effects in drachm doses, and tonic effects in smaller doses, at far less expense.

As in the case of quinine, so in the case of many other drugs, they are found to be so unreliable from manufacturers' doctoring, that the conscientious physician will soon be obliged to make his own preparations, and he will then get the eminently satisfactory results that therapeutists claim for *materia medica*.

It is well known that many physicians are losing favor because of occasional failures due to inferior drugs which are used in compounding prescriptions, besides the expense incurred; and I, for one, am inclined to accept the personal advice of one of our celebrities—none the less than Professor Willard Parker—and dispense and prepare my own drugs.—*N. Y. Medical Record.*

A Ready Method of Preparing Fomentations.—Dr. W. J. Fairfield, M.D., Chicago, says in *Michigan Medical News*: The most simple way that I have found for preparing fomentation cloths is as follows :

Take your flannel folded to the required thickness and size, dampened quite perceptibly with water, but not enough to drip, and place it between the folds of a large newspaper, having the edges of the paper lap well over the cloth so as to give no vent for steam. As it is now prepared lay it on the heated surface of the stove or register, and in a moment steam is generated from the under surface, and has permeated the whole cloth sufficiently to heat it the required temperature.

This method I was led to devise from necessity a few years ago, while in a sick room with no facility for heating water except in a quart cup. I have had occasion to use this way, and to instruct nurses to many times since, and I have always found in it a ready method which may be carried out in any sick room where there is a stove or register.

Never having seen any mention made of this, is my apology for now calling attention to it.

ABSTRACTS AND GLEANINGS.

Post Partum Hemorrhage.—Dr. Thomas, in Society of the County of Kings, says : The particular point which I wish to make is this : In ninety-nine out of one hundred cases of post-partum hemorrhage, seen before the woman's nervous system is entirely prostrated, if the hand is properly introduced to the fundus of the uterus, everything turned, and the walls of the organ irritated with the pulps of the fingers, firm uterine contraction will take place. I do not believe there is any remedy to be compared with it, any more than I believe there is any remedy in the treatment of malarial fever to be compared with quinine.

But let us suppose that in the one hundredth case it fails to accomplish this result. Then it is said there are other agents which stimulate the uterus more than the hand. I do not believe a word of it. I believe there are things which have stimulated the uterus to contraction where the hand has failed ; but I believe also it was the hand of a man who has not used it properly.

With reference to the injection of a solution of iron, as recommended by Dr. Barnes, I reject the measure entirely and absolutely, except as a dernier resort. Hot water may be injected to the fundus with perfect safety, or put there in a sponge, and it will be very likely to stimulate the uterus ; but not nearly so well as the hand. How did Dr. Stuart's sponge effect the result which he mentioned ? I do not believe that it was the hot water which it contained, but the sponge itself, which as a foreign body, was brought in contact with lax fibres of the uterine wall, and stimulated them to contraction. Another substance which has been used is the tincture of iodine ; and still another, which I regard as better than iodine, and which has been highly recommended by Dr. Penrose, of Philadelphia, is common vinegar. One advantage which vinegar possesses is, that it can be obtained in any house. It may be carried in upon an ordinary handkerchief, or bit of soft cloth, swept over the walls of the uterus, and two things are accomplished :

1. The introduction of a foreign body causes the uterine fibre to litigate the bleeding vessels ; and 2. The vinegar probably has some influence in causing coagulation of blood. But I am not sure that it is not the hand even then which accomplishes the end desired.

In the hypodermic use of ergot we have a most valuable measure to aid us in securing uterine contraction. To give this remedy by the rectum is hardly practicable, and if administered by it the woman will almost certainly vomit at once ; and besides, if it remains in the stomach, I doubt if it is absorbed under such circumstances.

The hypodermic injection of 15, 20 or 30 drops of sulphuric ether stimulates the nervous system, and in that way arouses the uterus to accomplish its work.

But there is one remedy which has been overlooked. In works on obstetrics it is scarcely mentioned ; and it has received very little mention in periodical literature. It is the Faradic current applied directly to the uterine wall. I have employed it in only one case, but others

have used it successfully, and in my case it was either a coincidence or an extraordinary result. Almost everything had been used except Dr. Barnes' method, and without permanent result; but when I took one flat sponge electrode and carried it into the uterus, and placed the other upon the nape of the patient's neck, and allowed a strong current to pass, firm uterine contraction immediately ensued, which seemed to save the woman's life. Although this is but a single case, I think the remedy is worthy of a fair trial. The question arises, Why has it not been tried before? Chiefly because a battery was not at hand and could not be obtained, and when obtained, as a rule, it would not work, never under any circumstances. But those days have passed. Nearly every physician has a battery now; and a good battery can be obtained much more readily anywhere than good ergot, except in Brooklyn.

Now, in conclusion, Mr. President, I will say that in the treatment of post-partum hemorrhage the rule should be this:

If the hemorrhage is slight, and for good reasons you do not wish to pass the hand into the uterine cavity, try the hypodermic use of ergot; apply excessive cold or excessive heat to the fundus, force the uterus into firm contraction under your hand, and never let go of it until the woman stops bleeding. How long shall you hold the uterus? I have repeatedly held it, under such circumstances, for twelve hours.

But suppose it fails and the hemorrhage continues. Then wash the hand and arm thoroughly with soap and water, use a nail brush thoroughly, dip the hand and arm in warm, strong carbolyzed water, and, without wiping them, carry the hand up to the fundus uteri, sweep everything out, and keep the hand there until the uterus contracts. Pass the pulp of the fingers up and down the sides of the uterus in any direction, and at the same time make counter-pressure from the outside with the other hand upon the wall of the abdomen.

If you fail with this, what next? It is a bad case, and you may resort to anything that produces a decided shock to the nervous system; give of ergot, brandy and ether hypodermically, and, lastly, give a fair trial to the Faradic current.

The Summer Dysentery of Children.—W. W. S. Watson, M. D., of New Holland, Illinois, in *Michigan Medical News*, says:

There are two forms of dysentery recognized by the authorities: the sporadic and the epidemic. It is essentially a disease of hot weather or hot climates, and the causes of its epidemicity is but an intensification or a prolongation of those which give rise to sporadic cases. The evidence leaves little room for doubt that the prime cause is a specific poison which is fanned into life by heat and other peculiar atmospheric conditions. What that poison is remains yet to be demonstrated. Post-mortem examinations of dysenteric subjects show the mucous lining of the colon and rectum to be the seat of the action of this morbid principle. The pathological condition is essentially an inflammation, in the progress of which mucus is freely thrown off; this inflammation may go on to ulceration, when the discharge becomes sanious and purulent. The fact of the affection being confined to the lower portion of the alimentary canal implies some disturbance of the portal circulation, which disturbance may bear the re-

lation of cause or effect. The fact is that the portal circulation is obstructed in all or nearly all cases of dysentery, and success in treatment will very largely depend on the attention given to the restoration of the proper hepatic function.

Before indicating the more distinctive therapeutic agents employed by me, I would insist upon the importance of bodily rest to the patient. Any plan of treatment conducted without a regard to this precaution will prove comparatively futile. It is impossible to properly control the discharge and at the same time allow the patient to move about. Absolute rest in the recumbent position should be insisted on as a *sine qua non* of treatment. This is perhaps especially the case in the treatment of the disease as it affects children: with their delicate organization, the failure of treatment in many instances is probably due to the jolting to which the fond mother or sympathetic nurse subjects the fretful infant. The child should not be held even on the lap, but should be laid to rest on a pillow, and even in the removal of its diapers great care should be exercised that the child be not unnecessarily disturbed. Good ventilation should also be secured and all such articles of diet avoided as are liable to reach the inflamed tract undigested.

Treatment.—The first indication is to thoroughly rid the alimentary canal of irritating ingesta. This is most promptly effected by means of a saline purge, which, in addition to its action in this direction, also depletes the inflamed tissue through the exosmosis of serum which it causes. Castor oil is preferred by some; it is blander in its action but adds nothing to its purgative action. After this thorough cleansing of the canal the indication is to check the discharge. For this purpose I rely on opium and acids, after the following formula, modified, of course, according to age and other circumstances:

R	Syr. rhei.....	3 jss
	Spts. ammoniæ arom.....	3 ss
	Spts. camphor.....	3 ss
	Tr. opii	3 j

M. Sig. A teaspoonful every three hours to a child eight years old.

When there is much nausea a powder composed as follows may be given every alternate hour and a half:

R	Bismuthi subnit.....	ʒ ij
	Pulv. ipecac.....	ʒ ss

M. Div. in partes no. viij.

Camphor has a very marked controlling influence over this affection, and its combination with opium will be found invaluable.

In regard to the liver I would state that, notwithstanding the more recent views regarding the chologogue action of the mercurials, I still place my reliance on calomel. I find that when the discharge is largely composed of white mucus, destitute of a trace of bile, the administration of small doses of this preparation restores the deficient element, and with this restoration improvement in the condition of the patient follows. I do not wish to gainsay the physiological observations of the eminent experimenters who tell us that mercury is not a cholo-

gogue; all I do say, and I say it as the outcome of a considerable experience, is that as a therapeutic agent in the conditions to which I refer, it restores bile and is an important aid to the cure of dysentery. And further this deponent saith not.

The Easy Administration of Medicines.—Dr. G. F. Meeser, in Virginia Medical Monthly, says: The “easy administration of medicine” is a subject requiring the careful and thoughtful attention of physicians, as well as of interest for the convenience and pleasure of the patient. The advancement of homœopathy in certain sections of the country has depended, to a great extent, upon the easy and pleasant doses administered by followers of that school. The elegant pharmaceutical preparations compounded by the tasty and skilled chemist and pharmacist have done much to rob the physician’s prescription of its terror and render the medicine palatable to the delicate patient.

Very recently, a new and important class of medicines has been introduced by the ingenious and enterprising house of Messrs. William R. Warner & Co., of this city, denominated “parvules.” They bear evidence of exquisite taste and skill, and I have seen nothing of late which seems to supply a necessity so perfectly as they do.

The list of “parvules” prepared and kept in stock by this house comprises thirty-eight varieties. These “parvules” are, for the most part, composed of simple substances in minute globular form, less in sizes than granules, and are sold in small vials suitable for pocket cases. They are convenient, portable and easy of administration. The giving of small doses at short intervals, say every hour instead of every two or three hours, or three times a day, produces a more salutary effect.

The question of the ready solubility of these “parvules” claimed my attention, and this I proved to my perfect satisfaction by placing those containing camphor, etc., in the mouth, and then observing the effect.

I have seen nothing to please me more than these ready-prepared doses. I can give four parvules of aloin, each containing one-tenth grain, at bed time or at any time throughout the day, and get the full purgative effect desired without nausea or pain. I give these one at a dose, three times *daily* or *occasionally*, for habitual constipation, with the utmost benefit. When liver troubles also occur, I give parvules of podophyllin, each containing one-fortieth grain, in a similar manner. Two parvules of calomel, each containing one twentieth grain, given every hour for five doses, produces bilious evacuations, equal to ten grains of calomel as ordinarily administered.

These doses are in no sense homœopathic when given by this rule: One every hour, two every two hours, or three every three hours. To illustrate the fact that these are allopathic, let us take a parvule of morphia, one-fiftieth grain, and give one every hour. This would equal about one-half grain during the twenty-four hours. The various medicated waters which are now so liberally patronized for their aperient effect, etc., I believe are harmful, because they disturb digestion by diluting the gastric juices, and reduce the temperature of the stomach. Parvules of aloin, one-tenth grain each, or of podophyllin, one-fortieth grain each, would replace the use of such waters most advantageously.

A New Anæsthetic.—In the Chemical News of April 2d, 1880, Mr. W. Bowman Macleane is reported to have introduced a new anæsthetic to the members of the Odonto-Chirurgical Society. This new nerve-stiller is a combination of ethylen-dichloride and ordinary nitrous oxide. The ethylen-dichloride is placed on a sponge in the tube through which the nitrous oxide passes. Only a small quantity of the former is required. Anæsthesia results in from one and a half to two and a half minutes. The sensation is said to be more profound and agreeable than when nitrous oxide is used alone. Mr. Macleane had used the anæsthesia sixteen times without any unpleasant resulting symptoms. In only one case was there stertor. The pulse was slightly accelerated but strong, while there was a complete absence of lividity, so repulsive to the looker-on. The muscular system also, instead of the rigidity characteristic of anæsthesia from nitrous oxide, was quite relaxed—thus greatly facilitating the manipulations of the operator. The Society resolved to experiment with this mixture.

Ethylen dichloride is composed of carbon, hydrogen and chlorine in the following proportions: $C_2 H_4 Cl_2$. It is a colorless liquid, having specific gravity of 1.271 at a temperature of zero (Centigrade); it has a pleasant, ethereal odor, and a sweetish taste; it boils at 85.5° (C). It is easily soluble in ether and alcohol, but insoluble in water. Passed through a red hot tube it is decomposed into carbon, hydrochloric acid and carbon dihydrate. It burns with a bluish-green flame. A solution of potassium hydrate in alcohol converts it into ethylen-monochloride by abstracting hydrochloric acid. Ethylen-dichloride is obtained by the direct action of chlorine on olefiant gas, and also by treating alcohol with chloride of phosphorus.—*Chicago Medical Gazette.*

Hemorrhage During Labor.—A. S. Clarke, M.D., in Proceedings of the Medical Society of the County of Kings, says: Naturally enough, hemorrhage during labor is much less frequent than at any other portion of the period of gestation, but it is not, for that reason, any less important. It can only arise from premature separation of the placenta, or some accident involving the maternal soft parts (independently of placenta prævia, the consideration of which is made a separate matter in the discussion of this evening).

The so-called accidental hemorrhage furnishes the largest proportion of cases of hemorrhage during labor. It arises from detachment of a normally situated placenta, and is rather more liable to occur before labor has begun, than during it. At any time in the last three months of utero-gestation this complication may be met with, as during that time the relation of uterus and placenta is changing, the adhesion being gradually weakened. If, from any cause, while this is going on, a small portion of placenta becomes separated from the uterine walls, effusion of blood is the result, and, as it increases in quantity, causes mechanically still more separation, and opportunity for the escape of still larger quantities. If the separation extends far enough to loosen the placental margin, the blood will escape between membranes and uterine walls, and so make known the nature of the accident. But more frequently the margin remains intact, and the blood is pent up between placenta and uterus, and only makes its presence

known by the constitutional symptoms which, fortunately, are generally pretty direct and easily made out, if the hemorrhage is excessive. It is needless for me to go into details in this matter, as my duty is simply to outline the subject, leaving causes, symptoms and treatment for the gentleman who will discuss it later in the evening. Of course the only remedy is in securing prompt and efficient uterine contraction, and just here comes to my mind the principal difficulty. This accident generally occurs in women of feeble constitution, or relaxed fibre from repeated child-bearing, or from some abnormal condition of blood—hence they are but ill able to bear the shock of serious operation. All authorities agree that the uterus should be emptied of its contents as speedily as consistent with the condition of the patient, but undue haste may increase the collapse, and cause instant death. Dilatation of the cervix, by Barnes' method (after rupture of the membranes, which should be done at the outset), to be followed, as soon as may be with safety, either by version (the bi-polar method if possible), or the forceps if the head is low down. It is often difficult to secure firm contraction, owing to the condition of the uterus, and authorities differ in their suggestions in this regard. Dr. Barnes recommends strongly the application of a styptic to the entire cavity, and kneading and compressing the uterus to control hemorrhage. Ergot is used by some, and objected to by others, on account of its depressing effect on an already depressed patient. These points of treatment, I hope, will be brought out in the discussion this evening, that we may hear what methods have given the best results in the hands of gentlemen who have had experience in these cases. I doubt if the styptic plan is one which meets with much favor, except under circumstances where all else is likely to fail.

Thumb-Sucking—Dr. D. H. Goodwillie, of New York city, at American Medical Association, reported a case and illustrated it by a wax model. The treatment consisted in breaking up the habit by applying a leather pad to the elbow, preventing the hand from coming to the mouth; and nasal catarrh is to be treated by douches and the application of powder blown into the nose, proper food, clothing and rest. His conclusions were as follows:

1. Thumb-sucking is more disastrous to the health of the child than the sucking of the other fingers; for the thumb, once in the mouth, it more readily remains during sleep.
2. It interferes with the child's proper rest, which should be continuous and undisturbed, and so becomes a source of nervous irritation and exhaustion.
3. It interferes with the natural respiration through the nose, and sets up abnormal conditions.
4. It malforms the anterior part of the mouth and affects proper mastication.—*Va. Med. Monthly*.

Phosphide of Zinc in Locomotor Ataxy.—Two cases of ataxy are reported by Dr. Hastings Burroughs, of Paris, in which very great benefit was obtained by the use of phosphide of zinc. The drug was given in doses of one-tenth of a grain per day, increased to half a grain per day.—*Medical Press and Circular*.

Adherent Placenta.—I have met with several cases of morbidly adherent placenta, during the last fourteen years, and am inclined to believe that the diagnostic problem be solved with almost absolute certainty; although from my experience being limited to so short a time, I would desire to write with all becoming modesty.

The diagnosis is, I think, to be founded upon two symptoms; one of which is mentioned by Dr. Churchill, the other by Dr. Barnes, viz: that at some period of pregnancy, generally between the third and fifth month, a fixed pain, generally of a dull aching character, is felt over some part of the uterus; and this is converted into a severe *dragging* pain when the patient attempts to turn over to lie on the side opposite to the placental side; so much so that patients, with an adherent placenta, will never (as far as my experience goes,) voluntarily lie on that side. This pain I believe to be of the same nature as that mentioned by Dr. Barnes, as being experienced when the cord is drawn upon; and is due to the dragging on the cord by the child, when from gravitation it sinks through the liquor amnii.

Theoretically, it may be objected to this explanation that usually the cord is sufficiently long to prevent any such dragging; but I think it will generally be found that when the cord is long, it is twisted around the neck or limbs of the child, and produces the same effect as a short cord would.

No history of this dragging pain on the patient's turning to the side opposite to the placental insertion will be obtained, when the retention of the after-birth is merely due either to the inertia of a wearied uterus, or from irregular contraction; if there is hemorrhage in either of these cases, one would be justified in trying the effect of cold, compression, etc., before introducing the hand, but in cases of true placental adhesion, trying these and similar means lead to dangerous loss of time.—*Obstetric Gazette.*

Enlarged Tonsils.—Dr. Pancoast says, in Clinical Record: I examined this little boy a few days ago, and found his tonsils much enlarged, reaching just beyond the level of the pillars of the fauces. I recommended and told him to come here to-day for operation, by partial excision, which I thought might be necessary, if it persisted. I find now, upon examining him, that he does not need the operation. I now see that the glands have subsided and returned to the level of the half arches. When at all large it is necessary to remove part of the tonsil, because it acts mechanically like a foreign body, by interfering with breathing and keeping up irritation. The antiphlogistic effect of the operation of partial excision makes the gland shrink to its normal size.

In the early stage you can often remove the swelling and relieve the patient, by a procedure which I call the "therapeutic touch of the antiphlogistic knife;" multiple punctures in the swollen tonsil, made deep enough to relieve the congestion and exudation, and empty the overfilled vessels, so as to produce an antiphlogistic effect. This I did the other day, when I saw him first. The result has been quite satisfactory. It is also proper in such cases to give a good gargle, and tonics internally.

Epigastric Pressure in Obstinate Hiccough.—The *Journal des Sciences Medicales de Louvain*, relates that M. Deghilage, of Mons, was called to a young lady suffering from very violent hiccough, with spasm of the glottis. The patient had been over an hour in this state, and was unable to articulate a syllable. There was no fever, no signs of heart trouble; the only cause that could be assigned was that the patient had the lower limb chilled a few days previously, during her menstrual period. Inhalation of vinegar and Hoffman's anodyne, and the application of sinapisms had been tried without effect. Recalling Rostan's precept for such cases, M. Deghilage applied the palm of the hand to the epigastrium, and exercised strong pressure; there was slight amelioration, the movements were less convulsive and the dyspnoea less intense. A large pad of linen was then applied over the epigastric region, and pressed strongly inward by means of a bandage passed around the body. In a very short time complete relief was obtained; the pad was left several hours in position, and when it was removed the symptoms did not return and have not since reappeared.—*Med. and Surg. Rep.*

The Bacteria Fallacy Illustrated.—Dr. Greg, Buffalo, N. Y., says that the three classified forms of so-called bacteria, in diphtheria, are nothing more than the three stages of the fibrillation of fibrin, of which the diphtheritic membranes are composed.

All the membranes of diphtheria are wholly, or almost wholly, composed of fibrin.

This fibrin is thrown out into the throat, or upon other parts, because it is in excess in the blood in this disease.

Thus it will be seen that this whole question of the membranes of diphtheria, the falsely assumed bacteria in connection therewith, the coagula of the heart in this disease, etc., may be placed at once upon a purely scientific basis, if the profession so desires. And by this showing, too, it will be seen that the exercise of a little common sense, and the proper application of a few simple facts to the solution of the subject, by the original promulgators and promoters of the bacteria theory, would have saved the medical profession a great disgrace, would have avoided hastening tens of thousands of patients out of the world in the vain effort to destroy by treatment what did not exist, as vegetable parasites, and would have rapidly advanced, instead of retarded, our knowledge of this terrible disease.

To Pass the Esophageal Tube sometimes is found very difficult, and dangerous delay may often be occasioned when the stomach pump is required in cases of poisoning. In such cases the attempt is generally made to pass the tube with the patient in the dorsal position, and its passage is frequently obstructed at some point in the esophagus. This annoying difficulty usually may be overcome by holding the patient in the upright position during the passage of the tube. We do not know the author of this procedure, but remember having seen it successfully carried out in Bellevue Hospital, when all attempts to pass the tube, with the patient in the dorsal position, had failed.—*Toledo Med. Journal.*

Iodide of Potassium in Cardiac Dyspnœa.—Iodide of potassium has been found by Professor See to work well in all cases of continuous cardia dyspnœa, particularly when this is connected with some structural lesion. It is equally useful in valvular lesions. No evil results can occur from its use, even if a mistake is made and the affection is asthmatic. The iodine liquifies the bronchial secretion. The dose is twenty grains a day, gradually increased to two or two and a half scruples. A good formula is:

R Potas. iod..... 3 vss
Syr. aurantii cort..... f. 3 iv

Sig. Two to four teaspoonfuls a day in a tumbler of water.

Patients suffering from heart disease are more tolerant of iodide of potassium than other patients. The contra-indications to its use are: 1, tendency to hemorrhage; 2, loss of flesh; 3, loss of strength; 4, loss of appetite. Opium may be added to prevent iodism. Another combination is digitalis with iodine, as one has a soothing influence on the dyspnœa by acting on the lungs, and the other increases the action of the heart and modifies the arterial tension. The following formula will be found to answer well:

R Potas. iod..... 3 ss
Tinct. digitalis..... f. 3 ss
Syr. acaciæ..... f. 3 iv

Sig. Dessertspoonful four times a day.

When digitalis is unsuitable, chloral may be substituted.—*Drug Circular.*

The Land Origin of the Yellow Fever.—Dr. Manuel Da Gama Lobo has made an elaborate study of the causes of yellow fever, and has summed up his conclusions in a pamphlet just published in New York. With his microscopic researches is given a system of careful observations on conditions of temperature, moisture, barometric pressure, and direction of winds, during twenty-six years, in the city of Rio Janeiro. The author believes he has fixed the origin of yellow fever in two places, Havana and Vera Cruz, as its chief nests, and he attributes it definitely to the poison of the "opunsia Mexicana," a species of infusoria, of the family of "bacillarum," which is found particularly abundant in the swamps and waters near those cities. Plates showing this species as existing in its native element and in yellow fever victims accompany the descriptions. The case is not put forth as one of absolute proof, but as a theory supported by strong probabilities. The author is physician to the Emperor of Brazil, and is a pupil of the distinguished Professor Virchow.—*Miss. Medical Monthly.*

Chloral in Dysentery.—*Il Racoglitatore Medico* says that Curci gives first a mild purgative, then chloral combined with chlorate of potash; afterwards, chloral alone in barley gruel, either by the mouth (one to three grams = 15 to 45 grains a day, for an adult), or by enema (19 grams = 154 grains, in two litres = 3½ pints of gruel, for 10 injections).

Abortive Treatment of Small Pox by Salicylic Acid.—Dr. Edwin Rosenthal, acting on the article by Dr. Boyer, has employed salicylic acid in many cases of small pox with good results. The formula employed by him is as follows :

R Acidi salicylici..... 1 drachm.
Spts vini rectificati..... ½ ounce.

Mix and add :

Eliz. simpliei, q. s..... 6 ounces.

For the angina of variola, he uses in conjunction therewith, the following gargle of xylol, and finds it very satisfactory :

R Xylol..... 1 drachm.
Gum acaciæ..... 2 "
Aq. menth. pip..... 6 ounces.

Misce, fiat emulcio.

Use as a gargle and mouth wash. He confirms the statement that salicylic acid in small pox reduces the temperature, is sedative, and modifies the eruption.—*Medical Bulletin*.

Infantile Diarrhœa.—For children belonging to families in easy circumstances, M. J. Guerin mixes a certain quantity of Belloc's powder of charcoal with each milk meal—half a teaspoonful at each meal. For the children of the working classes, Belloc's powder, which is a little dear, is replaced by very finely powdered, farina-like, ground baker's charcoal. This powder mixes readily with milk, and children drink the mixture as though the milk were pure. In a very short time, sometimes on the first day, the stools change in consistence and odor, and instead of being green, become blackish-yellow. At the same time that this addition is made, M. Guerin dilutes the milk with one-third or one-half of sweetened water, and the children take it without repugnance or vomiting. M. Guerin has frequently seen children, exhausted by seven or eight days' uncontrollable diarrhœa, regain in two or three days the expression of health.—*London Med. Record*.

Lister's Antiseptic Treatment in Surgical Wounds.—Dr. Boeckel, (*Gaz. Med. de Strasbourg*, December 1st, 1880), gives a table of statistics of major amputations performed by himself, some with and some without antiseptic precautions. Fifteen amputations of the thigh were performed antiseptically with four deaths, and seven were treated otherwise with three deaths; eighteen amputations of the leg were treated antiseptically without a death, and nineteen treated in other ways with four deaths. In going into the causes of death, the author concludes that in neither case can the deaths be attributed to the method of dressing employed. Nevertheless, he thinks that the advantage is decidedly with the cases treated antiseptically, on account of the rapid healing, the absence of fever and of suppuration, and the rarity of the dressings in these cases. He mentions the occurrence of septic fever in a few cases, and, with Edelberg, he attributes this to absorption of blood from the wound.—*London Med. Record*.

Double Irrigation and Injection Tube.—Dr. H. O. Marcy, of Boston, Mass., exhibited at American Medical Association some soft rubber double tubes, which could be used as stomach, uterine or rectal tubes, and as catheters.

Dr. Gonley said he had a double soft rubber catheter for five years, but he never uses it in the male bladder. Irrigation should be done as quickly as possible, and not kept up constantly.

Dr. Marcy believed cystitis could be treated satisfactorily with heat, which could be applied by means of the catheter exhibited.

Dr. A. Byrd, of Quincy, Ill., uses a single rubber tube for a stomach tube, and fills it from a funnel, reversing the patient and allowing the fluid to run out. Dr. Hodgen, of St. Louis, taught him this.

Dr. Hunter McGuire mentioned a case in which a soft rubber catheter was passed completely into the bladder, from whence he removed it the next day with a lithotrite. — *Va. Med. Monthly*.

THE Boston Commercial Bulletin tells the following: "Dr. — is an eminent physician of Philadelphia, and, like some others of his class, is somewhat brusque and overbearing in his manner. One morning he found among his office patients a gentleman who, after occupying exactly five minutes of the great man's time, took a ten dollar note from his pocket and inquired the amount of his fee. "Fifty dollars," said the impatient man. The patient demurred a little, whereupon the physician rudely remarked; "Well, what do you expect to pay? Give me what you have got." And on receiving the ten dollar note turned scornfully to his negro servant, and handing him the money remarked: "That is for you, Jim," but lost his temper still more when the patient coolly remarked: "I did not know before that you had a partner. Good morning, doctor."

To Terminate the Chloroform Narcosis.—A peculiar device is mentioned by Schirmer in the February number of the *Centralblatt f. Augenheilkunde*. He claims to have used it in his clinic for many years, and often succeeded in producing inspiratory movements when other means failed. He also employed it to induce rapid recovery; for instance, in strabismus operations, in order to test the result. The method consists in irritating the nasal mucous membrane. It has long been known, at least to physiologists, that the fifth nerve retains its sensibility longer than any other part in narcosis, and that reflexes may be induced through this nerve when other irritations fail. Schirmer uses simply a rolled piece of paper, which he turns in the nose. In dangerous cases he dips the paper into ammonia. — *Chicago Med. Review*.

A Prominent physician of this city who was taking a mixture of cascara sagrada and strychnia for constipation, discovered that the alkaloid was acting as an aphrodisiac; not being in need of such a remedy, he wrote a note to a neighboring druggist, in which he stated the case, and requested that the prescription be refilled, minus the strychnia. His messenger returned with the medicine and the following laconic reply: "Here's your cascara; for G—d's sake send me the strychnia!" — *Obstetric Gazette*.

Rhus Aromatica.—A Case.—Mr. H. was taken in October last with an irresistible desire to urinate every ten or fifteen minutes, passing only a few drops of high colored urine, followed by burning pain in the urethra. Complained of a "letting down sensation in the region of the bladder," after which a few drops of blood passed. Many times the urine was preceded by a flow of mucus and followed by considerable blood. The patient expressed himself as having, while urinating, a "desire to raise upon tip toe and pull hard on something." My experience with *rhus aromatica* in several severe cases, of urinary trouble, induced me to give it another trial. Not having the tincture on hand, we added twenty drops of the fluid extract to half a glass of water, and directed one teaspoonful every hour. In twenty-four hours all the severe symptoms were removed, and the patient made a good recovery.—*Med. Call.*

A SINGLE doctor like a sculler plies;
The patient lingers and by inches dies;
But two physicians, like a pair of oars,
Wafts him with swiftness to the Stygian shores.—*Ex.*

REJOINDER.

Snooks, happy, cheerful, stout and well,
Let all the Doctors go to h—,
Snooks, with cramp colic, on his knees—
Dear Doctor, come and give me ease!

Jamaica Dogwood.—In Brazil the Jamaica Dogwood has, it is said, (*Therapeutic Gazette*) an established reputation as a nervous sedative. Its action seems to be over the nervous centres; it causes sleep without producing the cerebral hyperæmia, nausea and nervous disturbances, which succeed opium and morphia. The sleep is tranquil and refreshing; it soothes bronchial coughs, and moderates the paroxysm of asthma and nervous coughs.

The active principle is a resinoid, soluble only in strong alcohol.

The dose of the fluid extract is from 30 drops to two fluid drachms. It is applied externally as well as given internally.

Its most valuable therapeutic use is assuaging nervous pain and producing sleep.

Aconite in Remittent Fevers.—Dr. Gerald Bomford, of Fort William, Calcutta, writes to the Practitioner (London): The good effects of aconite in this class of fevers may be summed up as follows:

1. It reduces the temperature.
2. It reduces the rapidity of the pulse, and makes it full and strong.
3. It cleans the tongue, and restores the digestive functions.
4. It induces sleep.
5. It increases the quantity of urine, and seems to have a direct effect in removing the symptomatic congestion of the kidneys.
6. It promotes perspiration. I may add that it is exceedingly grateful to the palate of a fever patient.—*Amer. Practitioner.*

Diphtheria.—Dr. J. R. Jones says, in *Detroit Lancet*: Of the various remedies now used and advised which I have tried, Monsel's solution of the subsulphate of iron has proved the most efficient for checking the spreading of the false membrane and causing its removal. Brushed on thoroughly with a camel's hair pencil, or used as recommended by Dr. J. Lewis Smith, in his latest edition of "Diseases of Children," it has, in my hands, proved eminently satisfactory. It does not burn nor irritate, but causes a disagreeable puckering of the throat, and although the patients do not like it, they readily submit to its application from the relief it affords.

Treatment of Cholera Infantum.—Soltman, in *Breslau Aerstl. Zeitschrift* uses resorcin, in doses of ten to thirty centigrams (1 2-3 to 5 grains), in 60 grams (two ounces) infusion of chamomile, for children a few months old. Its action is marked within two days, but a cure is obtained, on an average, in six days.

Resorcin, like carbolic acid, is an anti-ferment, but it is not irritating, and produces no symptoms of intoxication in medicinal doses, like the latter. Patients take it willingly and it is tolerated by the stomach; under its influence the digestive tube quickly recovers its function of assimilation which it had lost.—*Ex.*

Cure of Goiter by Fluoric Acid.—Dr. Edward Woakes gives, in the *Lancet*, a detailed account of a number of cases of goiter cured by fluoric acid internally. He begins treatment with fifteen minims of a one-half per cent. dilution of the acid three times a day, and, if necessary, increases the dose to twenty, thirty, forty, or even seventy minims, and extends the time to several months. His results are quite remarkable, even in cases that had resisted iodine, bromine, iron, etc. In a few it was conjoined with injections of tincture iodine. Very few failed to be reasonably benefited, and in eighty-five per cent. the cure was decided.—*Independent Practitioner.*

Radical Cure of Rupture.—The secret method of cure practiced by Dr. George Heaton successfully in one hundred and forty cases is now, after his death, published by Dr. J. H. Davenport. He injected extract of quercus alba into the hernial canal outside the peritoneal sac, to excite a mild degree of irritation in the tendons and fasciæ, so as to lead to contraction. No fatal results followed nor any serious complications. It often cured, and when it failed great relief was obtained, so that a light truss sufficed to support the protrusion.—*Independent Practitioner.*

Ice to the Abdomen in Typhoid Fever.—At a recent seance of the Societe Medicale des Hopitaux, M. L'abbe called attention to the efficacy of ice applications to the abdomen in typhoid fever, complicated or not. He related the case of a young girl attacked with typhoid, whose temperature exceeded 104°, and who appeared at the last extremity, who, under the influence of this treatment, was perfectly cured. M. L'abbe claims for this procedure a considerable lowering of the temperature and a notable amelioration of all the other symptoms.—*Canada Medical Record.*

SCIENTIFIC ITEMS.

Microscopic Examination of Blood.—The characteristic distinctions of human blood and those of the blood of other animals are thus set forth in No. 2 of L'Orosi by Dr. Vincenzo Peset y Cervera, and if other physiologists will take the pains to verify his work, they may play a very important part in medical jurisprudence. When blood is mixed with a little bile, small crystals not over 0.003 of a metre in size are formed; but these crystals, the Doctor says, will show whence the blood had come. If from man, the crystals will be rectangular prisms; if from the horse, they will be cubes; if from the ox, they will be rhombohedrons; if from the sheep, they will be rhombodric tablets; if from the dog, they will be rectangular prisms, closely resembling the human forms; if from the rabbit, they will be tetrahedrons; if from the squirrel, they will be hexagonal tablets; if from the mouse, they will be octahedrons; and if from common poultry, they will be cubes more or less perfect. There would seem to be room for more accurate research in this direction.—*Drug. Circular.*

Transatlantic Cables and their Life.—The life of a submarine telegraph cable is from ten to twelve years. If a cable breaks in deep water after it is ten years of age, it cannot be lifted for repairs, as it will break of its own weight, and the cable companies are compelled to put aside a large reserve fund in order that they may be prepared to replace their cables every ten years. The action of the sea water eats the iron wire completely away, and it crumbles into dust while the core of the cable may be perfect. The breakages of cables are very costly, and it is a very difficult matter to repair them, in comparison with land lines. A ship has to be chartered at an expense of \$500 a day for two or three weeks in fixing the locality and in avoiding bad weather, as cables can only be repaired in the calmest seasons. One break alone in the Direct Company's cable cost \$100,000 to repair, and the last chance left to the company was to make an agreement with the Anglo-American, so that they should be protected and have the use of that company's line when their own was stopped.—*Ibid.*

Providence of Bees.—The Melbourne correspondent of the Dundee Advertiser narrates the following interesting proof of the provident and far-seeing instinct of bees: Turning from men to insects, a singular circumstance is reported from a hot dry valley in New South Wales. Last year the drought there was of long duration, and the denizens of the apiaries suffered much from it. This year the bees have made provision against a similar emergency. They have filled a large number of the external cells in every hive with pure water instead of honey. It is thought that the instinct of the little creatures leads them to anticipate a hot summer. But that they should have gone further, and, by an act which, as far as I know, is without precedent in the habits and customs of their tribes, have created reservoirs to tide over the water famine, is a noteworthy fact indeed.

Electrical Science.—It is difficult to foresee into what functions of civilized life electricity is destined to enter; or rather, it would be hard to name any from which it will be excluded. Already we talk, write and travel by means of it; our streets and homes are illuminated by it, and it is an invaluable ally of the mechanic, the physician and the surgeon. We speak of it as a motor and an illuminating agent, although both of these applications of electricity are as yet in the experimental stage. Of their success and ultimate wide utility, however, there can no more be a reasonable doubt than of the progress toward perfection of any other of the useful arts. Whether it may not afford the solution of still another formidable problem—the heating of interiors of houses, and in general the supply of heat for domestic and mechanical purposes—is a question not yet practically investigated; but there are evident reasons assignable why it may prove to be, if not a source of heat, at least a serviceable medium for its transmission. The recent triumphant success of the experiments made in the storage of electricity by M. Faure, the French scientist, who was able to send a million foot-pounds of electrical energy from Paris to Glasgow, snugly packed in a box, prepare us for any extreme of daring or eccentricity on the part of inventors in this field.

With the new applications of electricity come manifold new dangers, which, however, will no doubt be easily removed when ascertained. The electric railway in Berlin developed an unforeseen propensity for shocking horses through the iron of their shoes when brought in contact with the rail. One horse fell down paralyzed, while others ran away in wild terror. In an eastern manufactory, not long since, an electric machine used for furnishing light for an adjacent store drew to its magnetic revolving armature a pair of scissors out of a man's hand, and its own wires being cut by the broken and flying scissors the electric current escaped from the fractured ends, and the room, as an exchange describes the scene, was "filled to the ceiling with whirling lightning." Happily, no one was injured; but it was a revelation of the terrible power which this fleet servant of mankind possesses—power not only to serve, but also to rend and kill.—*Lef. Mech. News.*

Bronzing Liquid.—

Aniline red.....	10 drachms.
Aniline purple.....	5 "
Alcohol of 95 degrees.....	12½ ounces.
Benzoic acid.....	5 drachms.

Dissolve the aniline colors in the alcohol over a water bath, then add the benzoic acid, and boil the mixture for five or ten minutes, until the green color has turned to a light brown. The liquid, on being applied to metals, leather, wood, etc., exactly imitates bronze.

To Remove Rusted Bolts.—To remove bolts that have rusted in, without breaking them, the most effective remedy that we know of, is the liberal application of petroleum. It rarely fails to accomplish the work. Care must be taken that the petroleum shall reach the rusted parts, and some time must be allowed to give it a chance to penetrate beneath and soften the layer of rust, before the attempt to remove the bolt is made.—*Ibid.*

PRACTICAL NOTES AND FORMULÆ.

Sassafras Oil as a Remedy for Rhus-Poisoning.—Dr. H. Neeson, of Bellevue, La., writes to New Remedies the following:

Allow me to suggest the free use of oil of sassafras in these cases. I have used it for years, and have never been disappointed in a single instance. The following is my prescription:

Sweet oil (fresh cream is better)..... 3 j; 30.00 Gm.,
Oil sassafras gtt. xv; 1.00 "

M. S. Anoint the face, hands, and all affected parts well three or four times a day.

If the bowels are constipated or there are febrile symptoms, give sulphate of magnesia as a laxative. Try it, and you will be satisfied with the results even in the most aggravated case.—*Louisville Med. News.*

How to Cover the Odor of Iodoform.—One of our leading pharmacists sends us the following formula, which he claims will effectually mask the odor of iodoform:

Iodoform..... 3 ss; 2.00 Gm.,
Oil lavender..... gtt. x; 0.30 "
Alcohol..... fl. 3 ij; 8.00 fl Gm,
Glycerin..... fl. 3 vi; 24.00 " M.

Any one who recalls the many bad smelling substances which have been proposed for this purpose, will take comfort in the above.—*Ibid.*

Treatment of Hay-Fever.—Dr. Hermann Hager, who has observed a case of catarrh with subsequent asthmatic trouble and loss of appetite, which closely resembled the hay-fever of England and the United States, employed the following:

R Quinidia 3 ijas; 10.00 Gm.,
Tragacanthæ 3 j 4.00 "
Althæa rad..... gr. xv; 1.00 "
Gentian rad..... 3 ij; 8.00 "
Glycerin } aa m cvij; 7.00 "
Acid. hydrochloric..... }

M. Make two hundred pills. Take three every two hours

The condition of the patient improved during the course of the first day, and upon the second day the patient was well. Six months afterward the attack again occurred, but yielded readily to the same treatment.

Hager thinks that hay-fever is caused more probably by the dust or spores of fungi than by the pollen of phenogamous plants.—*Pharm. Centralhalle, New Remedies.*

Dysentery and Diarrhœa.—We give below a number of formulæ which experience has proven to be useful in dysentery and

diarrhœa. Some of them may be found in the back volumes of our Journal, but are here reproduced for the benefit of our new subscribers:

For Acute Dysentery—

R Epsom salts..... 1 drachm.
 Water..... 8 ounces.
 Morphine..... $\frac{1}{2}$ grain.

M. S. Take one tablespoonful every hour until the character of the discharge changes, and then once every two or three hours to keep up the impression. After pursuing this treatment one or two days, the patient keeping quiet and using a little boiled milk as a diet, the case recovers or may be arrested by administering an opiate.

Another Excellent Remedy for Dysentery, especially of the billious form, is the following—

R Corrosive sublimate..... 1 gr.
 Water,..... 1 pint.

Dose for an adult from half to one teaspoonful every three hours until the action of the liver is restored, when with or without an opiate the case usually recovers, usually within 48 hours. Salivation is not likely to occur in the use of this remedy unless long continued.

Chloral in Dysentery.—When great tormina exists the following seldom fails to give relief in dysentery:

R Chloral..... 10 grs.
 Thin starch..... 2 ounces.

Use by enema. The pain is relieved usually for several hours, the patient sleeping or resting quietly, when if necessary, it may be repeated. If this remedy be first preceded by castor oil or epsom salts to remove all the offending matter, it will not unfrequently arrest the disease at once.

Subnitrate of Bismuth in twenty grain doses for an adult is a good remedy in dysentery; or for children in cases of dysentery or dysenteric diarrhœa while teething, the following may be used:

R Subnitrate bismuth,
 Pepsin,
 Tannin,
 Pulv. cinnamon, aa. 2 grs.

As one dose every three hours in a child over one year old.

For Dysenteric Diarrhœa in children, especially when teething:

R Subnitrate bismuth 2 drachms,
 Syr. ginger..... 1 ounce,
 Mucilage of gum arabic..... 3 drachms,
 Creosote..... 5 to 10 drops,
 Camph. water to make..... 6 ounces.

Dose, one teaspoonful every three hours for a child one to two years old.

Sulphate of Zinc as a Caustic.—Prof. Simpson, in *Annals of Surgery*, sums up its advantages, as compared with other caustics, as follows :

1. Its powerful escharotic action.
2. The rapidity of its action.
3. Its great simplicity and manageableness.
4. Its facility of application.
5. Its non-tendency to deliquesce or spread.
6. Its perfect safety.
7. Its efficacy.

He speaks hesitatingly as to the seventh statement, but adds that he has seen not only the surface of cancrroid and cancerous ulcers speedily and perfectly excavated by its application, but the surrounding characteristic induration became at the same time rapidly absorbed, and the remaining wound speedily cicatrises. The slough is of a white color and comes off on the fifth or sixth day. A mass or paste is made by mixing

Sulph. Zinc.....
Sulphuric acid.....aa q. s.

Headache of Dyspepsia.—If the headache is accompanied with atonic dyspepsia, and there is a clean tongue with weight and oppression of the epigastrium, nitro-muriatic acid will be found serviceable before meals or three times per day. Dr. Day recommends the following formula in his work *On Headache*:

R	Tinct. nuc. v.m.....	} aa ʒj;	4.00 fl. Gm.
	Acid nitr. dil.....		
	Acid hydrochl dil.....	ʒ ij;	8.00 "
	Tinct. aurant.....	ʒ vj;	24.00 "
	Aqæ puræ ad.....	ʒ vj;	180.00 "

Misce. A tablespoonful in a wineglassful of water three times a day.
—*Medical Press and Circular*.

Digitalis.—The poisonous effects of this remedy as given in Taylor's *Jurisprudence* is as follows: A young man swallowed a strong decoction of fox-glove by mistake for a purgative; he was soon seized with vomiting, abdominal pains and purging. He died twenty-two hours after taking the poison. The pulse was slow and irregular. A common effect of the poison is to produce great depression of the heart's action. What will this remedy do in an enfeebled condition of the heart? We all know that when the tincture is given in doses of one-half to one drop every two hours, that it is one of our best heart tonics.—*Ex.*

Stramonium.—I have as yet had but one indication for this remedy, and that is very direct and plain, said Dr. Gerard before the Massachusetts Eclectic Medical Society. In irritation of the neck of the bladder and the urethra in woman, with burning pains and a frequent desire to urinate, I have found stramonium to give relief usually in a few hours, or two or three days at the longest. Dose, one to three drops of the tincture every two or three hours.

Improved Chalked Mixture for Infantile Diarrhœa.—

R Prepared chalk.....	.....
Loaf sugar, pulv.....	aa ½ ounce.
Glycerine.....	2 drachms.
Cinnamon water.....	2½ ounces.
Creosote	3 drops.

Dose, a teaspoonful every three hours. This preparation is more effectual than the old formula, and will not sour by keeping.

Cholera Infantum.—

R Creosote.....	gtt. j.
Lime water.....	3 ij.

One teaspoonful with a teaspoonful of milk, breast milk if a suckling infant, repeated every one to two hours. Useful when vomiting is troublesome.—*Naphey*.

Gelseminum.—Gelseminum is recommended in irritability of the nervous system with a determination to the brain, causing flushed face, contracted pupils, supra-orbital neuralgia, and is one of our best remedies. In hysterical spasms and in many cases of spermatorrhœa, it is very efficient.—*Chicago Med. Times*.

Bichromate of Potash.—This remedy has a peculiar effect upon mucous membranes. It so changes the functions of the mucous follicles as to cause them to secrete a tough, ropy mucus from the nose, mouth and throat. In mucous and membranous croup, better results are obtained from its use than from any other remedy. In chronic Laryngitis and bronchitis, with tough, stringy expectoration, it is one of our most useful remedies. Use the first decimal trituration, adding two or three grains to half a tumblerful of cold water, or enough to make the water a little yellow. Dose, a teaspoonful every half hour or hour.—*Ex*.

Chlorate Potassa.—If there is a specific in medicine this remedy is certainly one. In all cases of a foetid breath caused by a vitiated condition of the stomach and bowels, I never have known it to fail in a single case; of course it will not relieve in cases caused by decayed teeth.—F. L. Gerald, M.D., *Med. Times*.

Belladonna in Dysentery.—Two to four drops of belladonna (tincture or fluid extract) be given every two to four hours until the griping pains and tenesmus ceases, and then gradually diminished in dose, will often relieve the most obstinate cases of acute dysentery.

Primary Cancer of the Pancreas.—Dr. Kennig reports, in the Petersburg Medical Woch., February 2, a minute history of a case of this rare affection occurring in a woman aged fifty-three.—*Med. News and Abstract*.



EDITORIALS AND MISCELLANEOUS.

APOLOGY.

The delay in the present issue of THE RECORD was occasioned by a move of our printing establishment to a new and better place. Our readers will please excuse us.

The Illustrated Scientific News, published by Munn & Co., 37 Park Row, New York, is a most interesting and instructive paper.

There are three *College advertisements* in our Journal which our readers are requested to examine. They are the JEFFERSON, Philadelphia; MEDICAL COLLEGE OF LOUISIANA, New Orleans, and the SOUTHERN MEDICAL COLLEGE, Atlanta, Ga.

Mellin's Food for Infants and Invalids.—We invite special attention to the advertisement of Mellin's Food for Infants to be found in this journal. We hope our medical friends will test the article. There surely is abundant need for such an article of food as this is described to be.

JNO. B. LILLARD & CO., dealers in Instruments, Trusses, etc., Nashville, Tenn. We are in receipt of Hypodermic Syringes and Chemical Thermometers from this fine establishment, recently instituted at Nashville. As a place to secure Instruments in the Surgical line, we feel safe in recommending this house as worthy the support and confidence of the Profession. In our dealings with this House we have found the Proprietors prompt, business-like and accommodating.

"PIRATICAL MEDICAL JOURNALS."

The Editor of *Medical Bulletin*, in his August number, takes occasion to assault this journal, and two or three other respectable journals, for copying an article without giving credit therefor.

That it is wrong to take matter from another journal without due credit, we freely admit; and we further admit that every one who may be thus imposed upon may justly claim his rights and ask a correction of an error committed; but we do not admit that he is "morally obliged" to pre-judge the motives of the party who has offended, and to proclaim him a plagiarist and impostor, who, while "lacking brain for original work possesses cunning enough to appropriate that of others." Such is not the true and honorable way to correct an error. It is in itself antisciptural and wrong, and may be done, as in the present case, in language so harsh and offensive as to constitute a wrong and a grievance even worse than that which he seeks to correct,

and to place himself in a most unenviable attitude before his brethren of the press, who must either reply in the harsh and unbecoming manner which such an assault naturally provokes, or else treat the matter with silent contempt.

So far as this journal is concerned, we have never intentionally appropriated any matter from other journals without giving credit. Our printers are instructed to be careful in attaching the credit.

In the case of extracts they are expected to find the name of the journal at the bottom of the article and attach it. The case now complained of was of this kind, being only a part of an article the credit to which was unintentionally omitted by the printer. Such oversights, we doubt not, have occurred with perhaps all of our contemporaries, and we have occasionally had articles so copied from our journal: but we have never been so uncharitable as to believe that they were intentionally appropriated, or that any of our brethren of the press could be guilty of such conduct.

We have ever advocated a cordial and brotherly relation between the members of the medical press. We feel none of that envious or jealous spirit which would withhold a just credit to any one, and we have advocated at the editors' association, and in our journal, a spirit of brotherhood, and a co-operation in the advancing of every scheme and effort at reform in respect to journalism, to medical education and to medical progress.

P.

LETTER FROM NEW YORK.

The following is an extract from a letter addressed to the managing editor of this Journal:

"In visiting this great metropolis, and while traversing the portions of the city where there are so many tenement houses located, and each apartment densely inhabited by so many illy fed and poorly clad women and children, bad sewerage and poor ventilation, you are constrained to ask yourself what becomes of these people when they are taken sick? Well, they are cared for by the many self-sacrificing people who, with tender feelings accompanied by rare sympathies, administer to their wants—which is shown by the many dispensaries and hospitals with which New York city abounds, where these unfortunates can procure medicine and medical aid gratuitously.

I have visited many of these institutions, and the women's hospital is the finest of the kind in America. In charge of this hospital are four or five physicians of celebrity and distinction. I have seen several of them operate, but I can say of a truth that Dr. Emmet, as an operator, cannot be excelled in this city, nor do I believe in the world. The Doctor is polite, and is very regardful of physicians visiting the city. His corps of assistants are very gentlemanly. I believe the Doctor is an exclusive gynecologist, and may be termed a specialist. I have read with great satisfaction his late work, and his treatment in inflammation with hot water, and his insisting so much upon its usefulness in practice is novel, but nevertheless true.

The July number of your journal is received, and under the head of "Original and Selected Articles" from your numerous writers who so ably contribute to that department, many of whom evince a high

mental culture and medical attainment, I cull, not unfrequently, practical and instructive ideas. And also the Abstracts, Gleanings and Formulæ specially commend themselves to the medical profession, furnishing some of the best remedies in the treatment of diseases. I have used with marked success the tartaric acid in some aggravated cases of diphtheria, together with other remedies recommended under this heading.

Yours truly,

JAS. H. LOW, M. D.

101 East 65th St., New York City.

THE INTERNATIONAL MEDICAL CONGRESS

Assembled in London on the third day of August, 1881. The meeting was opened by an address from the Prince of Wales, and the inaugural address was made by the President, Sir James Paget.

Three thousand members were present as representatives of the profession from all parts of the world.

There were present Sir Wm. Jenner, Sir Wm. Gull, Mr. McCormack, the Crown Prince of Prussia, and other dignitaries. Thus giving patronage and honor to the profession of medicine never, perhaps, before extended in so marked a degree.

BOOK NOTICES.

CLINICAL LECTURES on the Diseases of Old Age; by J. M. Charcot, M.D., Professor in the Faculty of Medicine of Paris; Physician to the Salpetriere; member of the Academy of Medicine, of the Clinical Society of London, of the Society of Natural Sciences of Brussels; President of the Anatomical Society, etc. Translated by Leigh H. Hunt, B. Sc. M.D.; Laboratory Instructor in Pathology in the Medical Department of the University of New York. With Additional Lectures by Alfred L. Loomis, M.D., Professor of Pathology and Practical Medicine in the Medicine Department of the University of New York; Consulting Physician to the Charity Hospital; to the Bureau of Outdoor Relief; to the Central Dispensary, etc. New York, Wm. Wood & Co., 1881. 280 p. 8°. W. B. Dalston, Agent, Atlanta, Ga.

This is a very valuable book, and treats of subjects of which the Profession in general is very ignorant. Should be read by every practitioner.

A TREATISE ON CONTINUED FEVERS, by James C. Wilson, M.D., Physician to the Philadelphia Hospital and to the Hospital of the Jefferson Medical College and Lecturer on Physical Diagnosis at the Jefferson Medical College; Fellow of the College of Physicians of Philadelphia, etc. New York, Wm. Wood & Co., 27 Great Jones Street, 1881. W. B. Dalston, agent, Atlanta, Ga.

This is one of Wood's library standard. Octavo 365 p., neatly printed in plain type and containing much useful and practical knowledge on an important class of fevers. As light and information on this prevalent class of affections is much needed, it is likely the work will be rapidly sought for.

RECEIPIED.

1881—Dra. J P Simmons, J E Martin, Z T Young, A F Sanders, A A Hill, J S Green, J S Stoddard, J W Hoff, R E Huichins, A Pinson, E A Speed, J L Hamilton, T B Meacham, A J Kolb, F N Fitzhugh, A Q Oglesby, J H Boggan, G W Earle, W S Beall, J E Pope, J W Rickman. 1882—E Young, B R Bryant, M T Bell, J E Carter. 1880—T B Savage.

SPECIAL NOTICES.

Johnson's Fluid Beef.—Dr. Stevenson Macadam, Ph. D., F. R. S. C., C. S., of Analytical Laboratory, Surgeon's Hall, Edinburgh, says:

"This is a highly nutritious article of diet, contains all the elements of Flesh Food in a concentrated form, is very palatable and easily digested, and is eminently suited for dietetic purposes, especially for invalids. Although this preparation has exceptional recommendations, as a resuscitating stimulant for invalids, dyspeptics, children, infants and nursing mothers, its dietetic qualities are none the less to be appreciated as an article of ordinary food. In the form of soup or as an addition to soups, it will supply the nutritive qualities they lack, thus forming a valuable, convenient and economical accession to the larder."

Vaccine Virus.—Richardson & Co., sole agents for the West, for Dr. Martin's Cow Pox Virus. 15 Ivory points, \$2.00. A fresh supply always on hand. Also manufacturers of the valuable Nerve Tonic CEBERINA. 710 Main Street, St. Louis, Missouri.

Wm. R. Warner & Co.—This long established, reliable and popular house is so well and favorably known that it is unnecessary to commend it to the profession and to the trade. As manufacturing chemists they have become the pride of our country; their fame has crossed the Atlantic, and their preparations are admirable and the honor and reliability of the house is everywhere acknowledged.

Mellin's Food is prepared upon the principles advanced by Liebig. Liebig's Food, as originally suggested, was in a somewhat impracticable form, unsuitable for distribution and exportation, and mothers and nurses would not undergo the trouble and sacrifice the time entailed by its daily preparation. Means had therefore to be found to prepare it in large quantities fit for commercial purposes. Mellin's Food, thus prepared, is in the form of a dry extract, consisting entirely of soluble and assimilable matter, and perfectly free from starch and farinaceous substances. See advertisement.

Buffalo Lithia Waters, Va.—"In malarial poisoning, especially in chronic intermittent and remittent fevers, it is an invaluable remedy. Numerous cases have come under my observation in which these maladies have been arrested by the use of this water for six or eight weeks, after a failure of protracted medical treatment, and much less liability to a relapse than when arrested merely by the usual anti-periodic remedies. The action of the Water seems to eliminate from the system the poison which is the source of the disease, and to eradicate what may be termed the 'Chill Habit.'"—*Ex.*

LISTERINE, a new and valuable contribution to antiseptic surgery. It is a combination of the essential constituents of thyme, eucalyptus, baptisia, gaultheria, and mentha arvensis. Beside these each fluid drachm contains two grains of refined and purified benzo boracic acid. These substances, carefully prepared and combined in a solution of uniform strength, cannot fail to do good service in the treatment of all affections requiring an antiseptic.

The preparation is convenient, safe and agreeable. Locally it will be found of real value as a dressing for wounds, ulcers and abscesses. It may also be employed as a constituent of solutions for atomization in lung affections and of gargles in throat diseases, while internally it must prove efficacious in all forms of fermentative indigestion.

PARKE, DAVIS & CO., Detroit, Mich.—This large, reliable and splendid establishment still maintains its high popularity, and is extending its active and thorough business operations to all sections of the Union, and even across the waters. The efforts of this house to introduce new and valuable medicinal agents from abroad, have proven eminently successful, and have resulted in adding many important articles to the armamentarium of the practitioner.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to A. A. DELLIEH, 709 Washington Avenue, St. Louis, Mo.

BEDFORD ALUM AND IRON SPRINGS.—The advertisement of these Springs may be seen in another part of this Journal, and should be carefully read. The Editors have tested its virtues. It is an excellent remedy in hemoptisis, or as an anti hemorrhagic in any case, especially of a passive character. As an injection in gleet, gonorrhoea, leucorrhoea, etc., it is highly useful. As a gargle in ulcerated sore throat it is very efficacious. In chronic diarrhoea it is often useful, and given in small doses, in the night sweats of phthisis it has been found an excellent remedy.

THE Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

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ORIGINAL AND SELECTED ARTICLES.

CONVERSATIONS UPON THE PHYSICAL AND MENTAL HYGIENE OF GIRLHOOD.

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the Southern Medical College.

CONVERSATION IX.

Mother—"Good morning, Doctor, I hope you are in a mood to be catechized to-day. I have been so anxious to resume that last subject: I had just asked you an important question."

Doctor—"What was that, madam?"

Mother—"How we could get the full confidence of our children so they would have no secrets from their parents."

Doctor—"My dear madam, by precept, example and *close companionship* with your children. I think that fathers and mothers should be *associates* of their children as long as both live. To fill this place towards their sons and daughters, parents must enter into all their feelings, sympathize with them in their joys and sorrows, listen kindly and affectionately to their every grief and perplexity, however small it is, and encourage them in every way to talk freely to their parents about everything in which they are interested."

Mother—"Yes, I see, Doctor, that is an excellent idea. By making

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ourselves companions for our children, we would get nearer to them than in any other way."

Doctor—"Yes, madam; and if all parents and children were thus associated you have no idea how much moral, mental and physical danger would be averted in the lives of girls and boys, and how much usefulness and happiness might be insured for both children and parents."

Mother—"Doctor, I think we mothers ought to talk to our young daughters about our own early lives, tell them our love scrapes, episodes, etc., and let them see and feel that they are not different from their mothers."

Doctor—"You are correct in that, madam; and when it is done in the proper way, and connected with appropriate counsel and advice, will doubtless be of much advantage to young girls; it will assist them in guiding their judgment in such affairs when they are called to act a part in them. And by the way, I do not think a child's will in anything should be crushed or 'conquered,' as is usually said, but, instead, the will should continually be *guided* into the right direction. This should be done with kindness yet firmness, by proper information, and by your own example. A child, as soon as it is old enough to understand, should be told the reason for things, why this is best and that is not, and what will be the result in both cases, and show it how to make the test and the application."

Mother—"Yes, Doctor, and I am sure this would be much better than to cruelly punish a child until its will is broken, its spirits crushed and cowered, and its whole nervous system almost thrown into convulsions, and——"

Doctor—"Its health damaged by this intense nervous excitement. But when the other plan is pursued, this physical injury will be avoided, and I do not think that either girls or boys will then have secrets from their mother, and she will be saved many heartaches in regard to their health and morals; for I cannot conceive of a woman being such a monstrosity of moral nature as to ever give her child bad advice upon any subject."

Mother—"Doctor, do you think we can control our children in regard to the books and literature they read?"

Doctor—"You certainly can, madam, if you have your children's entire confidence. I do not think they would then even look into a book or newspaper without first bringing it to you to know if it was suitable for them to read. And, if a mother is what she ought to be, and can be, the girls or boys in such cases, will cheerfully abide by her decision, and will not try to read the book in secret, because they have been trained to feel that their mother is truly their friend—that

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she knows what is best for them; and would not deny them any pleasure that would do them no harm."

Mother—"And does not this objectionable literature have a bad effect upon the health of girls? Of course, I know it does upon their morals."

Doctor—"Yes, madam, and this is also an important consideration involved in the health of young girls. If it is necessary for the physical health of children and young people that they should have pure, nutritious and unstimulating food, that for the mind should be of the same. Sensational novels highly seasoned, and impossible love stories, tales of vice, murder and other crimes, all have a deleterious and often fatal effect upon the health of young girls. They excite to a feverish extent, the passions and emotions, create fears, horrors and depression from forebodings of evil in the mind, all of which affect the physical condition."

Mother—"And yet the majority of our young people read scarcely any other kind of books and newspapers."

Doctor—"Very true, madam, but as a professional man it is my opinion that no such literature should be read by girls or boys until they are eighteen years old, if it is ever read at all. I have often heard of insanity in young people, caused by habitual reading of such books and newspapers. One medical author goes so far as to say that this literature, and also balls and theatres, should be forbidden fruit to every young person and prohibited as positively as strychnine or arsenic, not even allowed as subjects of discussion or argument."

Mother—"I presume he thinks that introducing girls and boys to the customs and amusements of society gives a premature excitement to the emotional nature, which is injurious to health."

Doctor—"Yes, madam, and he is right to this extent, such indulgence tends greatly to force a premature womanhood, and at a time when with her 'exquisitely frail and delicate organization, all made of nerves and sensibility, the young girl is the most impressionable of human beings.' The demands of these customs and amusements must necessarily greatly tax her physical powers, besides destroying that maidenly freshness and innocence which is the chief charm of young womanhood, and as the same medical author asserts, that at the pace we are going in society, this charm will soon have no existence, except in the dreamy visions of poets and romancers."

Mother—"Yes, I think it is indeed a girl's greatest attraction, is better than mere physical beauty and all the artificial graces of society."

Doctor—"The proper control and cultivation of the temper, passions, and emotions are inseparably connected with the perfection of physical education, and all are continually subject to unhealthy excite-

ment and wrong directions in what is called fashionable society, especially when the young girl is introduced to it at her most susceptible unguarded age. If after a few years she escapes with a moderate degree of health, a moral defloration has taken place, that leaves an impress upon her tastes, inclination and principles, and which will perhaps remain through life."

Mother—"Doctor, do you think our boarding schools for girls, and also for boys, are what they ought to be?"

Doctor—"Well, madam, that question is rather broad in its extent, but if I were to give you a condensed answer in the words of a noted professional man who has had much personal observation of the subject, I would tell you that he solemnly declares he would sooner have his boys live in a small-pox or plague hospital than in any one of the boarding schools he attended himself when a boy, and such as one to which he sent his own little son for a few months."

Mother—"Is it possible, Doctor? Why, it is horrible! And did not this physician enquire about the character of the school before he sent his little boy there?"

Doctor—"He certainly did, and as the institution was of a professedly religious and family character, presided over by a clergyman, and received pupils of only first class families, the father thought it a model school. But during his little boy's first vacation at home, he made revelations in regard to the vice and immorality, taught and practiced by the pupils, but, of course unknown to the teachers, which, made the father shudder to hear. If he had not very properly trained his boy to have no secrets from his parents, he would have remained at the school, and no doubt, been ruined in body and soul."

Mother—"Oh! Doctor, this is distressing. It is dreadful to hear, but surely there is no danger in our female boarding schools?"

Doctor—"I cannot say there is no danger at any of them. You know that if there is only one bad girl in a school, she can either corrupt or give some taint of her wickedness to all with whom she associates. Here is where teachers should be of a character and temperament to win the confidence of their pupils so that they will not be too timid to make known to their instructors any secret violation of morality or rules of the school."

Mother—"Yes, I am sure that would soon lessen the evil, and finally obliterate it, if the teachers acted properly upon the information."

Doctor—"The mere existence of a boarding school is not responsible for its errors and vices, it is neglect in conducting it properly and with a thorough and ceaseless vigilance of every pupil, accompanied by a kind, impartial but rigid authority."

Mother—"Yes, I think that word impartial is very well put in, for I have no doubt pupils are often taken into boarding schools, and kept there when they are known to be thoroughly bad, because the teachers do not wish to lose the wealthy patronage of their parents."

Doctor—"No doubt that is sometimes the case. The hygienic features also as regards plenty of fresh air, proper warmth, wholesome food and exercise, superintendence of dress, etc., are very deficient in the great majority of these schools."

Mother—"A lady friend told me not long since that her health was so injured at a female college, her parents were compelled to take her home after her first term of tuition."

Doctor—"How was that, madam?"

Mother—"She said the winter was bitter cold, and she and her three room-mates had to study two hours every evening until bed time, but they never had a good fire in their room the whole winter. The servant would put green, hard wood in the grate, without sufficient kindling, and the fire would go out in a few moments; so the girls had to set there at study, shivering with cold, and then go to bed in that condition. The lady said one turn of this green wood would stay in the fireplace a whole week before it burned out, although kindling was put under it every night and morning."

Doctor—"I am not surprised that the girls' health was injured, but I hope and believe that these evils will soon be done away with in all our schools of the best reputation. If boys and girls cannot be educated at a good home, a good school is the next best place, and when it is necessary to send them from home, much of the danger to their health and morals could be avoided if parents would previously teach their children properly about all this neglect, imprudence and immorality that may be found at the school, and warn them of the consequences, and charge it upon them that if any of this is practised or permitted in the school, to inform their parents of it without delay."

Mother—"And then they would be called tale-bearers, and perhaps be ill-treated for 'telling tales out of school'."

Doctor—"Then, madam, the children should also inform their parents of this, and the latter should at once remove them from the school. That old saying "you must not tell tales out of school" will not do for this progressive age, and it must have been invented and enforced by teachers and pupils whose conduct would not bear close investigation at all times."

Mother—"Yes, I think so. But, Doctor, so few parents are educated so they can really know when their children are doing well at school, either mentally, morally or physically, and many of them do not even think of it."

Doctor—"Then, my dear madam, before they attempt to superintend the proper education of their children they should go to school themselves, or gain the necessary information at home, by reading the books that treat of these subjects in a plain, practical manner."

Mother—"If all children could have the influence of a good home, and be educated there, it would be better."

Doctor—"Yes, madam, undoubtedly, but all children cannot have these advantages since many of them are obliged to be sent from home to be educated. If all parents and instructors would teach their children the plain moral maxim that "even an evil thought, when encouraged, is a sin committed; that if the evil thoughts come they must not be welcomed and entertained," it would be a shield and defense for boys and girls against the approaches of the many evils incident to modern education."

Mother—"I heard a lady friend who is a hopeless invalid say, not long ago, that if her mother had told her all these things, and especially guarded her against reading sensational novels and plays, which she did read before she was scarcely in her teens, and that if she had known how to take care of her health in every respect before it was too late, she would have given all the wealth of the world for this knowledge."

Doctor—"I have no doubt she would, and have been glad to make the exchange, if she could have seen the results as she now sees them."

Mother—"As she is, this lady is a most admirable woman in every respect, and if she had had this knowledge in time, I believe she would have been nearly perfect in body and mind, and would have lived a long life in perfect health, and the highest state of earthly happiness."

Doctor—"There are many such sad cases, my dear madam, and yet mothers are too timid, or have too much false delicacy, to give their daughters these instructions upon which so much depends, but they "put into the hands of these daughters the journals of the day, though they are teeming with advertisements and news items of the most revolting and indecorous character." I long for the time to come when our mothers and daughters will intelligently discriminate between real delicacy of feeling and principles and the sham article so much used."

Mother—"It does seem difficult, Doctor, for us to do that."

Doctor—"But it can be done very easily, my dear madam, if mothers will properly educate themselves and their daughters, and try to cultivate the pure and womanly heart which is always quick to discern between the real good and the real evil."

Mother—"And will follow the one and shun the other."

Doctor—"Certainly, I think, madam, that not only women should know how to take care of their own health and happiness, and look after that of their husband and children, but young men should be sufficiently informed to watch over the health of the woman he intends to marry, so far as the proper decorum and delicacy will permit."

Mother—"I am glad you have mentioned that, Doctor, for I have had a similar opinion, but did not know if I was right."

Doctor—"But you were right, madam, for when the young girl becomes the wife of the young man, he will then know how to assist her in preserving her health and vigor, which is of so much importance to the health and happiness of both. His sympathy will be ever ready for her sufferings, and her headache, and her hysterical burst of tears will not drive him from his home, feeling that his wife is cross and unreasonable, but he will know she is really suffering from her nerves being all out of tune, and he will also know the best course to pursue on such occasions, instead of becoming cross and irritable himself, which will only increase his wife's nervous disorder and perhaps bring on an attack of illness."

Mother—"I wish, Doctor, all husbands could hear you say that, for while many of them wish to be kind, and are really well-meaning, they do not know how to manage these disorders to which nearly all women are subject, and which appear to be little things, but are really painful and of much importance."

Doctor—"You are right, madam, and we now see that while a mother should make it a daily practice to remark the countenance and manner of her children, to ascertain if they are feeling quite well and comfortable, the husband should also observe that of his wife, and satisfy himself that her movements and general appearance indicate health, strength and vivacity. Many wives and daughters are overworked, and become diseased on account of it, while the husband and father does not seem to be conscious of their condition, and makes no effort to relieve it when it is in his power to do so."

Mother—"Yes, I know an excess of exercise is hurtful as well as too little."

Doctor—"In my professional visits to some families, I often see the strength of young girls exhausted by doing too much house-work, at one time—'cleaning up,' as they call it. When they are through with it they drop into a seat, pale, exhausted, and with all the brightness and buoyancy of youth taken out of them by overtaxed physical strength. The mothers also, have an habitual weary look as if continually under a heavy burden, and it is in just such constant conditions of the system in mothers and daughters that disease frequently sows

its seeds of invalidism or death. When exercise is taken just sufficiently to be healthful, it gives color instead of paleness, and strength instead of exhaustion."

Mother—"Doctor, how many hours sleep out of twenty-four do you think children of different ages should have?"

Doctor—"Well, madam, if all adults should have seven or eight hours sleep to preserve vigor of body and mind, and elasticity of spirits, of course children should have more. If infants sleep two-thirds of the time, it is so much the better; from two to six years children should sleep at least twelve hours out of twenty-four; from six to fourteen, not less than ten hours, and then on to eighteen both boys and girls should have at least nine hours sound sleep."

Mother—"But to get the early morning air, in fine weather, after this amount of rest, the children would have to retire very early."

Doctor—"Yes, madam, and that is what they should do. But in our large towns and cities, children, young girls and boys as well as adults, are up entirely too late at night. This dissipation among the wealthy classes, overwork among the lower, and among farmers wives, added to unwholesome food, and miserably prepared at that, and entire ignorance of all laws of health, will destroy the vigor of any woman, and make her look old and jaded at an age when she ought to be fresh, blooming, and retaining all her youthful vivacity."

Mother—"It seems cruel to me to even awake children and invalids or sick persons from a sound, refreshing sleep."

Doctor—"And it never should be done, unless absolutely necessary. As I have just said, if children and all persons retire to rest at the proper time, if well, nature will awake them when they have had sufficient sleep, provided they are not disturbed by outside causes."

Mother—"Do you not think, Doctor, that it injures the health of children and women to sleep in a room or any place, where they suffer from fear, whether there is really any cause to be afraid or not?"

Doctor—"It certainly does, madam. It is apt to bring on painful, nervous disorders in women, and I have known girls and boys made subject to convulsions because they were compelled to sleep in places where they felt excessive fear every night."

Mother—"I am now quite satisfied, Doctor, that before parents can inaugurate a system for rearing perfectly healthy and happy girls and boys, we must first train ourselves in the proper school of knowledge. I think you intimated that no girl or young man should be considered fit to enter the marriage state until he or she is thoroughly acquainted with the laws of life and health, so they will be capable of preserving their own health and moral tone, and their children's, and thus be able to promote the comfort and happiness of their families."

Doctor—"Yes, madam, that is the idea, and we cannot fail to see the importance and necessity for this advanced step in civilization when we look at the great number of unhappy, ailing children, and the actual slaughter of these innocents as the annual death rate in our cities and other communities give a startling evidence."

Mother—"Yes, that is as sad as it is true. If all mothers knew how to save their babes and little children from the dreaded approach of disease and death, how many desolate homes would now be full of joy."

Doctor—"And this knowledge is not so difficult of attainment, my dear madam, as the uninformed might suppose. These laws, though of exquisite complication are so perfectly arranged and adapted to each other they are easily comprehended when correctly taught, and their harmony of adaptation is so apparent and beneficent, we find that nature's mandates, as is said of wisdom in the Scriptures, are ways of pleasantness and peace."

Mother—"Yes, Doctor, they are indeed, when we allow nature to execute her laws, and in her own perfect manner."

Doctor—"Yes, and while learning and obeying these laws, every woman who does so, is unconsciously becoming that most beneficent benefactor of the human race—a sanitary reformer. I have here an extract from a lecture by Dr. Richardson, before the English Sanitary Congress, and you will see what a high estimate he puts upon these possible attainments of women."

Mother—"Read it, Doctor, if you please. I am sure it will give me some good, perhaps new ideas."

Doctor—"The Doctor observed that long before sanitation was heard of every good, cleanly housewife was a practical sanitary reformer. The office of the prevention of disease was especially fitted for women. The training required was simple, and every woman willing to go through it might become by it, mistress of the destinies of the world. She should master physiology so as to understand the general construction of the human body, and know the great systems of the body—the digestive, the circulatory, the respiratory, the nervous, the sensory, the absorbant and glandular, the muscular, the osseous or bony and the membranous. If she would act on this knowledge, there would hardly be one deformed child left in the land in one or two generations."

Mother—"Such a result as that alone, Doctor, would be well worth the time and care in acquiring the knowledge."

Doctor—"It would indeed, madam. But the doctor further says, that one effort on the part of woman, as a sanitarian, would call forth all her powers. She would stand to resist with her full persuasive

might that process which I have elsewhere described as the inter-marriage of disease. She will tell her sisters what that process means, that diseased heredity united in marriage means the continuance of the heredity almost as certainly as that two and two make four; that insanity, consumption, cancer, scrofula, yes, and certain of the contagious diseases also, may be perpetuated from the altar; and that the first responsibilities of parents toward their offspring ought to be, not how to provide wealth and position, over which they have no control, but that preliminary, healthy parentage, which is the foundation of health, and without which position and wealth are shadowy legacies indeed. The doctor here says that he may be answered that this is delicate ground upon which to tread."

Mother—"But while that is true, Doctor, when the subject is so very important, it cannot be wrong to go over the ground with proper reverence."

Doctor—"No, madam, surely not, and as Dr. R. continues, when we are living in a world where those who study the living and dead most carefully, very seldom see a man or woman hereditarily free from disease, even this ground must be entered upon by the enlightened scholar. "I touch upon it here," he says, "for the best of all reasons, that the subject it includes, effecting deeply the human heart in its sympathies and affections, is one upon which the influence of woman, the arbitress of the natures that are to be, is all-potent for good or for evil. To know the first principles of animal physics and life; to learn the simpler problems relating to the fatal diseases, to ordain the training of the young, and to grasp the elements of the three psycho-physical problems—the human temperaments, the moral contagions with their prevention, and the heredities of disease with their prevention, are earnestly and respectfully proposed as the heads of the educational programme for our modern woman in her sphere of life and duty."

Mother—"And do you not think, Doctor, that a woman can have what is necessary of this important information and yet retain all her purity and delicacy of feeling, and womanly qualities just the same.?"

Doctor—"Certainly she can, my dear madam. To be instructed in the elements of this knowledge I think will really add to the purity and reverence of a woman's nature. The study of any of God's works cannot promote impurity in the heart of his creatures, if that study is pursued as it always should be, in a reverent spirit; and woman, even more than man, is impressed by the goodness, the purity and wisdom of the Creator, reflected in all his works."

Mother—"Yes, I think she is, and she receives the teachings of nature more readily than man accepts them, without question, soon as

she sees how strikingly nature's laws are illustrated in herself, and in her children. I have gained a good deal of valuable information in these talks, Doctor, of which you have been so kind as to give me the benefit, and I am sorry they are about to come to a close. But from what I have learned, I know I will be better fitted to rear my children than I ever have been before, and I hope to be benefitted so much by your instructions and what I yet expect to gain from all available sources, I will become before it is too late, not a doctor, no indeed, but a wife and mother in the truest and fullest sense of the word."

Doctor—"And I believe you will, my dear madam. You have a right conception of your duty and your opportunities, and I believe you will attain what you so earnestly desire."

Mother—"Thank you, Doctor, I hope I will. If, by the help of God I can rear my sons and daughters after the truest models of moral and physical perfection, I know I will have an abundant reward in their love and gratitude, and also in that of my husband, for preserving his children in health, beauty and happiness. Then they will be a great joy and blessing to us when old age comes on, if it pleases God to spare our lives till then."

Doctor—"And, my dear madam, you will also have the gratitude of every intelligent, truly philanthropic man and woman, as every mother does have, who thus rear her children, for they prove not only a great blessing to their parents, but to the whole community in which they live, and to the world at large."

Mother—"Yes, that is very true. I do not know how to thank you, Doctor, for what I have learned from your teachings as well as for the restoration of my daughter's health."

Doctor—"Then do not try, my dear madam. Our profession should always be an office for doing good; it is the dearest ambition of the true physician, and to know that he has the heartfelt gratitude and just appreciation of those he tries to benefit gives him a happy compensation, and makes green spots of refreshment along his laborious way. Miss Mary, I am glad you have come in time to say good-bye, and for me to remind you of our bargain. You are to be obedient to your mother's counsel and mine, and keep those red cheeks and that bright complexion. As you will soon be ready for the social circle and at the proper time enter upon the responsibilities of womanhood, I will call and have a talk with your mother and yourself on what constitutes the true woman."

Mother—"You are so kind. I would like so much to have your views on that subject. Don't forget to come, Doctor."

Doctor—"No, madam, I will not forget. Good morning; good-bye, Miss Mary, "remember" is the watch word."

REMARKS ON THE GERM THEORY OF DISEASE.

BY C. H. WAGNER, M. D., OF MISSISSIPPI.

I have lately read several articles in medical journals, in which the writers ridicule the germ theory of disease. If these skeptics will take a large glass jar, fill it with broken pieces of ice and expose it in summer-time, during the night, in a room occupied by many people, such as a theater, they will discover in the morning that the vapor contained in the atmosphere has been condensed in the form of water on the outside of the jar. Now, let them examine a drop of this condensed vapor with a microscope of 850 power, they will then find, to their dismay, that it contains a great number of fungi; and if they will repeat this experiment with a similarly prepared jar, by placing it near a low marshy spot in a vicinity where fever is known to be rife, they will see an immense number of organisms which are different in form, color and size from those first discovered. Of course, all this does not prove that malarial fever is caused by germs, but it does show that the skeptics and revilers may be wrong.

The above facts, taken in connection with the discovery by Pasteur, that fermentation is caused by the presence of organic living beings, whose spores are extensively, but not uniformly, contained in the air, and that their growth and development depends upon certain external conditions which determine whether they become the factors of zymosis—coupled with his further discovery that every kind of fermentation, the alcoholic, the butyric acid and the acetic is caused by specific germs, are well calculated to awaken a very strong suspicion that many of our diseases have their genesis in the introduction of germs into the system. But I go a step further, and avow my belief that a zymotic process is the origin of many, if not all, blood dyscrasias, and although no physico-chemical alteration of the blood has yet been proven, still I can conceive that in these dyscrasias either the blood itself is the vehicle of the poisonous germ which, circulating with it, may exert a morbid effect upon the nerves or upon nutrition, or that the blood is altered by the morbid factor; that tissue-metamorphosis is deranged in a peculiar manner, and that the solids are excited to anomalous functions.

In conclusion, I will predict that ere long the opposers of the germ theory will meet with complete discomfiture by the verdict of the French Academy of Medicine, confessedly one of the most learned bodies in the world, based upon four memoirs relating to the germ theory recently submitted to it, the report of whose select committees to whom they were referred not yet having been made or published, so far as I can ascertain.

A MECHANICAL LARYNX.

A remarkable example of how mechanical ingenuity is called in to supplement surgical skill is furnished by the successful extirpation of a larynx by Dr. Foulis, of Glasgow, and the substitution therefor of a metal contrivance, which supplies the place of the lost organ so perfectly that the patient is able to talk with as little difficulty as if the operation had not been performed. For the benefit of the reader not



familiar with the functions of the larynx, we may recall the fact that the voice is produced therein by the vibration of the column of air passing through a narrow slit which forms the entrance to the trachea and lungs. The natural mechanism of the larynx is closely analogous to that of a reed instrument, in which a column of air, passing forcibly through a narrow slit bounded on one or both sides by a thin elastic

plate of wood or metal, first causes the edge of the plate to vibrate with sufficient rapidity, and is thus itself thrown into sonorous vibration. In the larynx every variation between the two extremes of high and low notes is produced in similar manner by alterations in the width of the slit and the length and tension of its vibrating edges or vocal cords. When, therefore, a person is deprived of his larynx he becomes like an organ without pipes. The lungs, which correspond to the bellows, are there, and so is the articulating apparatus, which answers to the keys, but there is no means of producing sound.

Dr. Foulis' voice tube, which is represented in our engraving, is exceedingly simple. It consists of two silver pipes, one of which, A, passes upward to the epiglottis, and the other, B, enters the open trachea, as shown. The lower tube slips into the upper one, and holds the reed plate and button, C.

The current of air from the lungs impinges upon the free end of the vibrating reed, as shown by the arrows. The reed itself has been made of soft vulcanite; but the patient, who has considerable mechanical genius, and has become interested in the possibilities of his new larynx, has been making experiments on a large variety of substances, and has succeeded in providing himself with a perfect assortment of voices of different qualities, which he uses at pleasure. An alloy of silver and brass gives him a fine, rich tone; by changing his reed he can sing tenor or barytone at will, and render his tones soft or ringing, as he uses non-metallic or metallic substances. This, Dr. Foulis points out, proves the opinion already expressed, that the timbre of the human voice depends as much on the density, elasticity, and other qualities of the vocal cords as on the accentuation of particular sound waves in the buccal cavity.

The articulation of the patient is said to be wonderful, and, saving its monotony, it cannot be distinguished from the natural voice. The vowels are clear and distinct, both in whispering with the reed out and intoning with the reed in the tube, showing that the vowels are the product of changes in the shape of the buccal cavity and are not formed by alterations of the glottis. The patient progresses favorably, although somewhat subject to colds. — *Illust. Scientific News, Munn & Co., N. Y.*

CENTRAL SCOTOMA.

BY A. G. HOBBS, M. D., PROF. OF DISEASES OF EYE, EAR AND THROAT,
IN SOUTHERN MEDICAL COLLEGE, ATLANTA, GA.

During the past four months I have had under my care two cases of this rather rare form of ambliopia, and they have proved quite interesting to myself because of the gradual but very perceptible improvement of both cases under persistent treatment.

Case 1. A man æt 45, came to my office with phlyctenular conjunctivitis caused by the irritation produced by cinders. After a ten days treatment, his eyes were apparently well, but he complained of

poor vision—inability to read or recognize a friend across the street. I first thought it due to the atropia, but the bad vision continued, and neither M nor H, glasses improved it. Vision 20-200 when looking directly at the test type, but became 20-100 when looking three feet to either side. In order to read No. 16 Jasger at 18 inches, he looked at the margin of the page.

An ophthalmoscopic examination showed the disk to be decidedly congested, and together with the side of the disk next to the macula lutea slightly swollen and hazy. The patient was an inveterate smoker and somewhat addicted to alcohol.

I stopped both, applied electricity and gave 1-10 gr. strychnia daily. After two weeks ophthalmoscopic examination showed paleness of the disk next the yellow spot; his defect of vision was much more apparent at mid-day, during which time he was compelled to obstruct the bright rays with blue glasses. Pupils normal, not even sluggish. He could distinguish all colors but green and red. His greatest defect was limited to or at least was greatest at the central part of the field lying between the yellow spot and the optic disk. A test of his vision now showed 20-70 by looking one foot to either side of the test type. After three months' treatment his vision was brought up to 20-30 direct, and No. 6 Jasger at 18 inches, at which point it still remains. Ophthalmoscopic examination with—1 D, (observer's vision being E,) shows nothing abnormal unless, perhaps, a slight grayish aspect to the field.

Case 2. Male, æt 33, presented all the symptoms of Case 1, with the addition of a syphilitic history, the central scotoma was not so plainly marked either with the ophthalmoscope or test type, and vision only ran down as low as 20-100 even when looking directly at the type, and not quite so low when he directed his vision one foot to either side. Case 2 was also a great smoker.

By stopping his cigars and putting him on the same treatment as Case 1, together with iodide of potassium his vision improved in less than three months to normal.

This is considered one of the rare manifestations of ambliopia and its pathology is still in obscurity. Upon the first examination with the ophthalmoscope it would seem that there existed an inflammatory condition of the ocular and of the optic nerve and the surrounding part of the disk next the yellow spot, but after a few weeks or months the appearances are more like atrophy than inflammation. Only three previous cases have fallen under my notice of this tobacco form of ambliopia showing a central imperfection of vision. These fourth and fifth cases have each been restored to more perfect vision than the first three. I attribute the success in these two latter cases to the vigorous use of the galvano-faradic current with a water-cup electrode.

I could trace no heredity in either of these cases. Most observers think tobacco the sole cause, and recommend its disuse only as necessary in the treatment. Through a misunderstanding case No. 1 was not under treatment for about four weeks, thinking, as he expressed it, "that if tobacco caused it, its disuse would cure it," but his vision did not improve during those weeks, and improvement was perceptible almost immediately after he began a systematic course of treatment.

Case 2d began treatment coincident with his disuse of tobacco, and his improvement continued till his vision became normal.

I have recorded these two cases to show the good results of the treatment instituted rather than to claim for it anything original.

INUTILITY AND DANGERS OF MEDICAL TREATMENT OF EPITHELIOMA OF THE TONGUE.

Scattered throughout the *Bulletins de la Societe de Chirurgie*, for the year 1879, are found the reports of a discussion which fully brought out the opinion of M. Verneuil, perhaps the most eminent surgeon of the present French Faculty, regarding the folly of temporizing with cancer of the tongue.

The conclusions he formulated are the following:

1. Topical treatment cannot cure true lingual cancrroid. Mercury has no action except on syphilitic symptoms which were formerly difficult of recognition, but which, through the works of Fournier, have become of facile diagnosis. Iodide of potash has no real efficiency against true neoplasm; its use should be restricted to syphilitic and scrofulous lesions. Finally, chlorate of potash sometimes cures ulcerations and adenomata of the sudoriparous glands, (ulcerations et adenomes sudoripares) but otherwise merits no confidence.

2. All these medicaments, as also the milder caustics, often so deplorably insisted on, are not only inefficacious, but even productive of injury. But there is no medicament which precipitates the onward march of cancer like mercury, which again, like iodide of potash, often induces grave perturbations in the digestive functions.

3. At the debut there is always a moment when the malady is sufficiently characterized and its nature demonstrated, while it is yet so circumscribed that ablation may be performed without fear of complication.

4. But why operate, say many, when relapse (recidive) will surely occur? When ablation is done before the period of propagation and cancerous cachexia there is always hope of definite cure.

M. Verneuil cites four of his patients who were completely cured. The epithelioma was but about the length of the nail, and had little depth in three of the cases. The fourth patient had been operated on previously, and there was one ganglion affected; nevertheless, after the operation, the morbid tissue was not reproduced. — *Med. and Surg. Reporter*.

ABSTRACTS AND GLEANINGS.

Case of Croup Treated by Passing Catheters into the Trachea by the Mouth.—In the British Medical Journal for July 24 and 31, 1880, are two papers by Dr. Macewen, on the value of Tracheal Tubes introduced by the Mouth in Edema Glottidis, etc. The cases he records are all in adults. I am not aware that this treatment has been used in children, but its simplicity and advantages are so great that a few notes of a case of croup in which catheters were used may be interesting.

H. J., aged three years and ten months, had measles, the rash appearing on February 15, 1881. On the disappearance of the rash a hard cough supervened, which gradually increased in severity until March 1st. On that date I found him, at 1.30 a.m., suffering from intense dyspnoea, quite unable to speak, and his lips of a dark livid color. His cough was constant, brassy, and without expectoration. The respirations were 35 per minnte, the cartilages of the ribs and sternum being drawn in at every effort to breathe, and crepitation existing over both lungs. The fauces were healthy. The pulse was 144, very weak. Having a No. 11 prostatic catheter with me, I determined to pass it into the trachea instead of performing tracheotomy. Watching an opportunity, while the tongue was depressed with a spoon, the catheter, curved a little more than usual, was passed into the trachea during an attempted inspiration and without the slightest difficulty. A severe struggle followed, lasting perhaps a minute or two, the face becoming purple and the eyes staring with fully dilated pupils. The paroxysmal effort to expel the tube being unsuccessful, a pretty full inspiration partly through the tube and partly through the larynx, followed; about two ounces of frothy, bloody, and purulent mucus were ejected by the tube and the mouth; the livid color disappeared, and he lay down breathing easily through the tube. The presence of the tube did not prevent his swallowing milk, though sometimes a little of this was ejected from it during a cough. The tube was retained in situ by a strip of plaster, and the teeth were prevented from closing on it by means of a pear-shaped piece of hard wood.

Six hours afterward he was much easier, and could say "Yes" and "No" distinctly. The cough continued at intervals of ten minutes, and did not seem altered in character by the presence of the tube. Crepitation still existed over both lungs, an abundant muco-purulent secretion passing both by the tube and the mouth. Hitherto he had been kept in a warm room, but now a bronchitis-kettle maintained a

moist temperature of 70° F. The tube was removed without any inconvenience after it had been in the trachea for eleven hours, as he had bitten it, and no air was passing through it. Shortly after its removal symptoms of obstruction gradually reappeared. During the same evening another ordinary gum-elastic catheter No. 12 was introduced, a slight momentary struggle and cough supervening. The presence of the tube led again to a very free expectoration of mucus. In the course of a few hours the respirations and pulse became lower, and crepitation and dyspnoea ceased. When the tube had been in for forty-eight hours and a half it was removed and not again introduced. On March 8th the voice and chest sounds were normal, and he was not seen after the 10th.

This case was a severe one and would have soon ended fatally, had no operation been performed. Tracheotomy seemed inadmissible, neither the case nor the surroundings being favorable for it. *Prima facie*, it would be expected that the introduction of a tube into the trachea of a child against its will would not be so easy as in a consenting adult. That may be so; but it is certain that the operation is extremely easy and simple, and does not take more than two or three seconds from touching the tongue with the spoon till the tube is in the trachea. Had tracheotomy been performed successfully, when would the child have been out of danger? Certainly not so soon as here recorded; for at the end of the third day the child was so well as to be able to breathe freely without the tube, and was quite well before the tenth day after the operation.—*Louisville Med. News*.

What is Pyæmia?—In view of the mooted question in the President's case, that is, whether he has been suffering from septicæmia or pyæmia, the following points in the differential diagnosis of these conditions, collected by the Medical Record, will be read with interest:

According to Delfield, under the name of pyæmia are commonly understood several different conditions, giving rise to different lesions.

1. **Septicæmia**—In this some portion of the body is in a condition of gangrene; that is, the tissues are not only dead, but decomposing, with the evolution of gases, the softening and liquification of the solid parts, and the development of minute organisms, either animal or vegetable. The gangrenous fluids thus produced are apparently absorbed by the lymphatics and blood-vessels, and are thus able to produce marked symptoms during life, and to produce death.

2. **Simple Pyæmia**.—Persons who have suppurating wounds or abscesses may, without much change in the wound or abscess, be seized with rigors followed by fever, become jaundiced, and die.

3. **Metastatic Pyæmia.**—This is a very different condition from the other two and may be accompanied with marked lesions. By the agency of various changes about the wound, substances are absorbed which produce in various parts of the system multiple abscesses and hemorrhagic infarctions.

Agnew.—The fevers that follow wounds are divided into three kinds:

1. Simple traumatic infective fever.
2. Secondary traumatic fever.
3. Complicated traumatic infective fever.

The secondary traumatic fever may imitate a hectic fever.

The complicated traumatic infective fever includes what are generally known as septicæmia and pyæmia. But Agnew discards the term pyæmia.

Billroth classifies the fevers following wounds into—

1. Primary traumatic fever.
2. Secondary traumatic fever.
3. Septicæmia.
4. Pyæmia.

By septicæmia he understands a constitutional acute disease which is due to the absorption of various putrid substances into the blood, which is thereby spoiled so that it cannot fulfill its physiological function.

Pyæmia is a disease which we suppose to be due to the absorption of pus or its constituents into the blood. It is symptomologically characterized by intermittent attacks of fever, etc., and in its pathological anatomy by abscesses and diffuse inflammations. It is clinically distinct from the other varieties.

Fordyce Baker believes septicæmia and pyæmia to be distinct clinically, and probably, distinct pathologically. There are more evidences of cerebral disturbance, more diarrhœa, fever, chills, and the symptoms come on earlier in septicæmia than in pyæmia.

Greenfield considers pyæmia and septicæmia to be distinct, but attributes both to an invasion of the system by microscopic organisms.

Erichsen.—Pyæmia is a name applied to a group of pathological conditions. These include (1) leucocytosis, (2) the formation of thrombi with resulting emboli and abscesses, and (3) an absorption of ichorous matter producing the condition known as septicæmia.

Bryant.—According to this author, traumatic fever, septicæmia and pyæmia are all names for one condition, viz., blood-poisoning. These different forms of blood-poisoning differ in degree, not in kind. Traumatic fever may pass into septicæmia, and septicæmia into pyæmia.

The variety of statement and of definition in the above, indicates less real discrepancy than would appear. Some of the authorities

quoted are antiquated, while the more modern ones are substantially agreed in fact, if not in letter. The view that what used to be known, and still is recognized by some as pyæmia, is only a form of septicæmia, is the one generally held by modern pathologists. Pyæmia is an intenser form of septicæmia, having clinical and morphological characters of its own. The word pyæmia, however, ought to be abandoned, for its etymology conveys a wrong idea of the real pathology of the disease.

Most surgical writers have little claim to speak authoritatively on pathological points. It is not worthy that Hamilton and Agnew, in their "Surgeries," come nearer to accuracy than the others that we have quoted.

Can we Make a Positive Diagnosis of Pregnancy Previous to the Occurrence of the Audible Sounds of the Fœtal Heart and the Detection of the Fœtal Movements?—The subject of an article by Dr. Joseph Tabor Johnson, of Washington, D.C.; read before a Section of American Medical Association, May 4, 1881. It is claimed that in the softened condition of the cervix uteri and the pinkish color and increased temperature of the vagina, we have quite positive diagnostic evidence of pregnancy. It is admitted that the only positive and indisputable signs are determined by auscultation, ballottement and fœtal movements; but these signs are not usually present in the first half of pregnancy. The presence of kiestine in the urine, milk in the breast, the odor of vernix caseosa upon the finger as it is withdrawn from the vagina after a digital examination, the smooth condition of the interior wall of the vagina and anterior cul de sac, associated with a pinkish purple color of the vaginal mucous membrane, the placental souffle, the existence of *gravidence* in the urine, the presence of certain caseous elements resembling milk in the urine, were all passed in review as diagnostic signs of pregnancy; but no definitely stated conclusion was arrived at.

Dr. R. Beverly Cole, of San Francisco, California, did not hear the whole of Dr. Johnson's paper, but thought from what he did hear, it was rather an interrogation than a treatise. He then stated that there were three physical signs of pregnancy which he relied chiefly upon, viz. :

1. Placental souffle, 2d. pulsation of the cord, and 3d. the sounds of the fœtal heart. He regarded the last as the best and most reliable of them all. The pulsations vary from 110 to 140—double of that of the mother. He described the sound as resembling the ticking of a watch under a pillow. Dr. Cole thought no signs positive enough (generally) to justify one in giving decided opinions when consulted

on this point. He then cited a case, that of a girl who came to him and wished to ascertain whether or not she was pregnant. She appeared to be about six months advanced. Placental souffle was present, but no pulsation. The navel was protruding—admitted that she had intercourse with a man six months before, and had not menstruated since. The doctor then made an appointment for another examination, but she went to another physician, who examined her six times, called in some three or four others in consultation, who advised the introduction of a sound. This was done, and when it was withdrawn the discharge proved that it had penetrated into an abscess, which, Dr. Cole thought, was undoubtedly due to pelvic cellulitis.

Dr. Albert H. Smith, of Philadelphia, thought placental souffle the most unreliable of signs mentioned by Dr. Cole. He was anxious, he said, to hear Dr. Jos. Tabor Johnson's results from the thermometric observations on the cervix uteri. He thought Dr. Johnson's suggestions in regard to the application of the telephonic principle to the uterine sound, and the use of the electric light for illuminating the vagina, very good—quite brilliant, he would say. Liked the bi-manual method best of all.

Dr. Paul F. Munde, of New York city, agreed with Dr. Smith. His favorite method was the bi-manual. He thought Dr. Smith had touched the key-note in making this statement. He thought that this method, taken with the other signs usually associated, would enable one to make out a case better than by any other methods he knew of. He cited a case in support of his position.

Dr. Alex. Dunlap, of Ohio, agreed with Drs. A. H. Smith and Joseph Tabor Johnson. His method was the same, the bi-manual. The presence of fibroids may sometimes mislead as they enlarge the womb, but they are generally hard when small. Sometimes soft and dropsical when large, and rarely symmetrical. These points he thought it well to notice. Sanious discharge from the os is strong evidence of intra-uterine fibroid.—*Medical Bi-Weekly*.

Hypodermic Injection of Quinia.—In the pernicious or congestive forms of malarial fever which Southern practitioners so often see on the water courses, the matter of quick recognition is hardly more important than the method of administering the needed medicine.

Take a typical case of this fever in the comatose stage. You will find pulmonary congestion, with accumulation of bronchial mucus. The pulse is small and rapid; the surface bathed with cold sweat; breathing thirty to forty in the minute with deep sighing at intervals; evacuations of the bladder and bowels are unconsciously performed;

the patient is restless; the jaws are generally firmly closed; the mouth filled with viscid mucus; the tongue pale and coated with thick white fur; the pupils permanent; the eyes partially closed. To complete the dangerous aspect of the patient the temperature reveals 103° to 106° Fahrenheit.

In such a case as this, every minute is of importance. There is no doubt as to what the patient ought to have. It is too well recognized that opium, alcohol and quinia, one or all, are imperatively demanded, especially quinia. But what is the use in putting quinine into the mouth of a patient whose power of absorption is as feeble as in this case? You want cinchonism at the earliest hour possible, and your quinia may remain inactive in the stomach, and finally be rejected.

The old plan of denuding the abdomen by means of Granville's stronger lotion, and applying quinine in solution over the surface saved many lives. But the objections to this process was that it left the patient with a large and sometimes indolent sore.

When the attention of the profession was called to the hypodermic use of quinine, the idea was seized upon as exactly the thing for these rapidly fatal cases of pernicious malarial fever. It was soon discovered that undissolved quinia flowed badly through the hypodermic needle, and to dissolve it in enough acid to make a clear solution, the result was almost sure to be an abscess. We remember several cases in which deep and ugly ulcers were caused by the solution of quinia in sulphuric acid.

The writer saw recently a case of pernicious malarial fever contracted in the river swamps. The patient was brought to the city from a long distance across the ferries in the hottest part of a July day. His condition was about as we have already enumerated the symptoms.

There was no hesitation as to what to give the patient, if indeed anything in his desperate condition could avail him. It was agreed to give quinine in solution with hydrobromic acid—40 grains quinine to a dilute solution of equal parts of hydrobromic acid and water 3ij. each—hypodermically. Four separate insertions were made, over the abdomen, the thighs and buttocks.

Most profound cinchonism ensued in a short time, and the patient was well enough the next morning to be sent to the hospital. His recovery was rapid, and there was not the slightest indication of inflammation about any of the punctures. Successful hypodermic injections of quinia are not so rare as to attract our attention as novelties, but as rational a means as the administration of quinia hypodermically is, it is being abandoned, because of the bad ulcers resulting from it, and it needs the records of successful cases to reassure the profession as to its

propriety. It is beyond question that nothing at our command can be relied upon as confidently as the hypodermic use of quinia in pernicious malarial fever.—*N. C. Med. Journal*.

The Therapeutical Indications of Bromide of Ammonium.—Dr. E. Halsey Wood, of Hersey, Michigan, in a communication to the Michigan Medical News, April 25th, 1881, first draws attention to the fact that most authorities, when referring to the bromides, are thinking only of the potassium salt, and regard the effect of the different bromides as analogous. After showing this to be an error, he says:

The following are the symptoms which I have found to indicate the use of the bromide of ammonium: Frontal headache, suffusion and blurring of the eyes (asthenopia), soreness of the upper lids, ptosis or convulsive closure of the eyes due to paresis of levatores palpebrarum, a sense of swollenness or bulging in the eyes (exophthalmos), a wavering dilatation of the pupil, injected and icteroid conjunctivæ, excessive sweating, sleeplessness, disagreeable dreams (phantasmagoria), anorexia, nausea, vomiting and retching, stiffness of the fingers, numbness, swollenness, and sweating of hands, blue or other abnormal color under the nails, especially congestion of hands, pain in nape of the neck running up into the occiput, pain in shoulders, elbows, and knees, pain at sacro-spinal junction (lame back), a sense of weariness (muscular debility) or pain, or pain with spasm (cramps) in the calves of the legs, pain between the shoulders and under scapulæ, any degree of coolness of hands or feet appreciable by the normal sense or caloric, œdema of feet and ankles, congestive, intestinal, uterine, renal, gastric and pulmonic hemorrhagos, despondency and irascibility, lassitude, languor, listlessness or weariness, hyperthermy and hypothermy, hot flashes and cold chills, hopelessness (acute formaphy), drowsiness in the day-time, atonic voice, tinnitus aurium due to congestion of the labyrinth, pulse slow or thready, a sense of chilliness, and a sense of constriction around the chest.

In the same journal, May 10th, he relates several cases illustrative of its value in the treatment of cholera. He employs it in full doses frequently repeated (adults gr. xx, every five minutes), according to the urgency of the case. As to the *modus operandi*, he says:

The remedy acts as a sthenic; it energizes the ganglia and restores innervation, and all the evidences of deranged function disappear under its influence. It is as specific in the mild as it is in the severe degree of gangliasthenia, and thus not only exhibits its potency but proves that the shape of disease assumed is due to different degrees of the same condition.—*Med. and Surg. Rep.*

Eucalyptus.—Eucalyptus is recommended in all catarrhal affections of the air passages, from the common coryza to chronic bronchitis, and of the alimentary canal, ulcers in the stomach, chronic diarrhoea, and in the diseases of the urinary tract, such as inflammation and irritation of the bladder, gonorrhoea and gleet. I have found it of special benefit in irritable bladder. One case that lately came to me from Fountain county, Indiana, in which belladonna and camphor relieved her perfectly, while in this city, but on her return home the irritability came on with double force, eucalyptus gave immediate relief. She being a very intelligent lady, I will copy a portion of her letter, dated Dec. 4th, 1880:

"I am quite free from distress and able to work the early part of the day, but about three in the afternoon the "ache" begins; there is a constant desire to pass water, and a strained, protruding feeling at the neck of the bladder; then follows a fearful itching, scalding, aching sensation, which well nigh drives me frantic.

"After a time of suffering, which is exhausting, the distress subsides. I eat heartily, but so bruised and beaten do I feel that I can only take the edge of a chair for rest. I have such a time, also, every night, being obliged to get up every few minutes to pass a few drops of water, and the passage is often agonizing. There seems to be about the same quantity, though at times it is strong and high-colored."

We have here pure irritability, and half-drachm doses of fluid extract of eucalyptus quickly controlled the trouble, as she states in a letter dated December 22:

"I have found out the benefits of eucalyptus in my case. Its relief came most opportunely, for I don't know how I could much longer have endured the terrible strain of the bladder difficulty, and I am so happy to find a balm for that," etc., etc.

I have obtained good results, also, in several cases of incontinence of urine, and in some cases of gonorrhoea I consider it superior to copabia and the oil of sandal wood. It seems to relieve the pain and scalding more promptly, and reduce the discharge sooner than they.

I have seen good results in chronic bronchitis from its use. I usually use the fluid extract for urinary troubles, and the tincture for malarial fevers and bronchitis. Dose of each, about half a drachm.—*Dr. H. A. Foster, in Phys. and Surg. Inv.*

Hepatomy for Hydatids.—Lawson Tait, F. R. C.S., in *British Medical Journal*, writes: The sixth case of this operation, which I have performed, like the others, has been remarkable for the speedy and complete recovery of the patient.

A. M. S., æt 7, early in May last, suffering from severe symptoms

Due to a tumor on the right side, and above the level of the umbilicus, which was clearly cystic, and, in all probability, connected with the liver. It gave great pain, and I diagnosed it to be a hydatid tumor of the liver. The child had always been regarded as delicate. A year ago, her mother noticed that her motions were rather white-colored. Swelling was noticed in abdomen about November last, and she complained of pain across the back and shoulders. December, 1880, there was a firm tumor just below the ensiform cartilage, the dullness extending round the side. In February, there were some nodules on the surface of the liver; also tumor was more movable.

When admitted, had a tumor about the size of a foetal head, which was extremely tender to the touch. The child was very sick, and appearance warranted interference. Opened the abdomen May 20, making an incision about three inches long, one and a half inch to the left of the umbilicus, the lower end corresponding to the umbilical level. When the cavity was opened, it was perfectly clear that the tumor was situated in the liver, and was a hydatid cyst. Removed from it, by means of an aspirator, about twenty-six ounces of clear fluid, containing a large number of scolices. Then enlarged the aperture in the liver to about one and a half inch, and secured its edges to the edges of the parietal wound by means of a continuous suture, and fastened in a wide, soft, India-rubber drainage tube about six inches long. She went on perfectly well; severe symptoms immediately relieved, and May 26 the mother-cyst came away entire. Drainage-tube removed May 30; and June 2 she left with the wound quite healed, having gained greatly in weight, and having acquired a perfectly healthy appearance. No attempt was made to conduct the case upon Listerian principles, the only dressings used to the wound being red lotion and absorbent wool.

On the Treatment of Gonorrhœa.—Dr. A. W. Morris, of Kentucky, in Medical Herald, says: Early after I graduated, I was disappointed in the treatment of this disease, both by astringent injections and the internal administration of remedies; and, as I had a large number of cases coming to me, I made an effort to secure a treatment giving more satisfactory results. In my series of experiments, I purchased a "Bartholow's Catheter," an instrument with an olive bulb on the point, and holes in the shoulder of the bulb—the point not being pierced. The tube being the size of a No. 6 catheter, the bulb being much larger, presenting an onward flow of the injected fluid, and causing it to flow backward and outward. I attached this to a good "pump syringe," by rubber tubing, and the next case I treated gratuitously, for the privilege of using my new machine. After throw-

ing in about a gallon of cold water, I took a small penis syringe, and gave an injection of sulphate of zinc, as thorough as possible, and told my patient to call again next day. I saw no more of him for a month, and then "blew him up" for not coming around and taking more of the treatment. He replied, that as it cured him, he thought there was no use, and never thought any more about it. Holding the theory of the limitation of the disease, as given by Bumstead, and other authorities, I had no faith in the result of this case, and determined to give it a further test. I reached the following result, astonishing as it may appear, nevertheless it is true: Out of 25 cases, 22 were entirely well 24 hours after the treatment. No discharge, and no treatment of any kind was given, other than washing out the urethra, and the sulphate of zinc injection first and once only given. One was well in three days, one in seven days, and the other, a drinking man, who kept up his whoring all the time, was cured in two weeks. After this, in fifteen cases, the result was not so satisfactory, but much more than the old treatment.

Euonymus Atropurpureus (Wahoo).—I notice in the January Gazette an article on "Euonymus At.," from Prof. Henning, which I endorse. Its effects on the liver are as certain as those of "irisin," and more persistent, acting as a sure deobstruent.

I have used the remedy, and have rarely been without it since 1851. It is one of the best remedies in the materia medica, when used in small doses, for certain indications, which are torpidity of the mucous membrane and liver, for hemorrhoids with torpidity of the peristaltic action of bowels, and in the erysipelatous diathesis. Consequently it gives tone to the stomach and digestive functions. It stimulates secretion from liver and blood into the bowels, and perhaps cures hemorrhoids through such action, and in this action proves one of our best alteratives. It is as sure a remedy for hemorrhoids as any I ever used internally, leaving the bowels in a soluble condition after discontinuing its use. I think it superior to cascara sagrada for overcoming habitual constipation, for this reason: When the action (normal) becomes established, its use can be dispensed with, the bowels continuing to move regularly for a long time after, provided you obtain its full effect upon the liver and bowels, and their secretions fully established. I have cured some of the worst cases of hemorrhoids with this single remedy, and but few doses, they being small and often repeated. I find the euonymus Amer. to be equal in its effects to the euonymus atropurpureus, and either a special tool for the vital force to use in the certain conditions named.

Suffice it to say, it is a positive remedy, and should never be left out

of our direct remedies, or its direct action forgotten by reliable therapeutists who study the action of remedies in the system, and the conditions requiring them.—Dr. Woodward in *Ther. Gazette*.

Sanguis Bovinus Exsiccatus.—Dr. O. J. Wesley, of Bainbridge, N. Y., in the *Gazette*, says: Below I beg to give particulars of a case in which I used the new preparation, “desiccated blood,” with good results.

Mrs. A. B. aged 45, American, mother of two children, suffering from infiltrating cancer of some six months’ duration, which was removed December 9th, 1880, under the influence of chloroform. After operation, hypodermic injection of one-fifth grain morphia was used, which produced extreme nausea, lasting between thirty-six to forty-eight hours, causing extreme straining and re-opening of wound, resulting in great loss of blood before assistance arrived. Upon my arrival I found the patient in an almost bloodless condition, and unable to retain anything upon her stomach with the exception of minute particles of ice. I administered beef tea, prepared from fresh beef, per rectum, with only partial benefit, and having had a sample of desiccated blood left me, prepared it as directed and administered two ounces at once, giving directions for further injection of the same quantity every two hours. Upon my calling next day I was more than pleased with the change apparent. The patient’s countenance had altered from a dull leaden hue to one nearly approaching that of health, and she reported herself as feeling stronger and better in every way. She continued the use of the blood until the stomach was able to assimilate food, and is now able to move around as before operation.

Trichlorophenol, a New Antiferment.—This compound is described as a more powerful antiferment than carbolic acid. We learn from Prof. Stadler’s Chemical Notes in the American Journal of Pharmacy, that Mr. Dianin, as reported at the annual meeting of the Russian naturalists, held at St. Petersburg, Jan. 1880, found that on mixing solutions of phenol (carbolic acid) and “chloride of lime,” a reaction at once sets in and the chief product was trichlorophenol. This compound was also found to arrest fermentation in a much greater degree than phenol itself, and the mixture above mentioned was therefore recommended by him as much better suited for application to sloughing wounds than phenol itself.

The matter has since been thoroughly studied by C. O. Cech. He prepared the chlorophenols by the direct action of chlorine upon phenol. The crude product was a blood-red crystalline mass of strong odor and burning taste, easily soluble in ether, and is much less caus-

tic even in this condition than carbolic acid. By repeated pressings of the crystalline mass between filtered paper it is obtained in lustrous white crystals, soluble in ether and precipitable from alcoholic solution by the addition of water in the form of white flakes. The alcoholic solution can be used conveniently for saturating bandages for direct application to wounds.—*The Druggist*.

Noma, or Gangrene of the Mouth.—Noma generally begins by the appearance of a patch of induration situated on the mucous surface of the cheek near the labial commissure, and which is quickly surrounded by minute phlyctenulæ. The neighboring parts swell, the patch becomes black, it spreads on the surface and deeply, the soft tissues become involved, and even the bone is affected. After the removal of the sphacelated portions a hideous hole remains in the side of the cheek. Death occurs in seventy cases out of one hundred. In case of cure, extreme disfigurement, with adherent cicatrices, is apt to ensue.

This disease has sometimes been considered to originate in some disorder of the nervous system, particularly the vaso-motors of the face. Krasine, however, is inclined to think that it is due to a cutting off of the blood-supply in an anæmic and broken-down person by the exercise of pressure. This pressure may, in some cases, be the result of lying on one side or the other during a prolonged illness, and is thus nothing more than a gangrene from decubitus.

Noma is generally limited to one side of the face; it rarely attacks the other side. Above, it may reach to the free border of the under eyelid and to the ear. It rarely passes beyond the border of the lower jaw. The tongue and the eye of the affected side remain untouched.

Noma attacks children because, in Krasine's opinion, the amount of blood in the body is relatively smaller than in adults, nutrition changes are active, and anaemia is quickly produced and has grave consequences. Why the disease should attack little girls by preference is as yet inexplicable.

The treatment of noma has hitherto been by means of local remedies, caustics, the cautery, etc. Krasine, however, speaking from his point of view of the origin of the disease, urges improved nutrition, tonics, stimulants, etc., with simple antiseptic dressing.—*Medical Times*.

Viburnum Prunifolium in Threatened Abortion.—J. K. Milbourne, M. D., in *Therapeutic Gazette* says: I beg leave to report what I consider a remarkable effect of viburnum prunifolium:

At 11 a. m., April 19th, was called to see Mrs. W. Found her suffering with a severe attack of pneumonia of the left lung.

She was in her seventh month of gestation. Severe lumbar pains. I recognized that the only chance to save my patient was to prevent abortion. Having but little confidence in the old remedies, under such conditions, I determined to try the new. Was compelled to send for it and did not receive it until 8 p. m., when the pains were coming on regularly every five minutes, with considerable "show." I commenced giving teaspoonful doses of the fluid extract viburnum prunifolium

every hour. After the third dose all contractions ceased. I then ordered it every three hours for 24 hours. In the meantime, it might be mentioned. I gave for the pneumonia, thirty grain doses of quinia twice a day, which drug is, it is known, claimed by some authors to be an oxytocic. Since the contractions ceased the viburnum has been master of the situation. The patient is now discharged as well.

If this drug proves as useful in all cases as in this, it is invaluable. I can give it the whole credit in the case reported, for I used nothing else for that purpose.

The Use of the Lancet.—I have a bit of a confession to make, and also a request. I confess being so much of an old foggy, that for twenty years I had carried the deadly thumb lance in my pocket, and what hurts me most, have not used it as often as I ought. During the four years of my pupillage, I saw my preceptor use it once only. For two years after graduating I did not use it at all. Since then I have used it more and more each year, and can truthfully say, that I have never seen a single bad effect from its use; but have often had to lament in sack-cloth and ashes that the prejudice of patients, or the opposition of consultant, has compelled me to witness many a death which might have been avoided, and many a long convalescence which might have been shortened, by an early and free use of the lancet. My fogysm extends even to the use of calomel in many acute inflammatory diseases. The request mentioned is, that some vigorous writer (or rather thinker) would do for calomel what Dr. Corson is doing for the lancet. It is a belief that fire will never melt out of me, that a proper use of these two agencies would completely cure many men and more women of acute inflammations, who, under the expectant and dish-water treatment, only so far recover as to be thereafter daily reminded that it has left them a legacy of which they cannot dispose. In the Reporter of April 30th, Dr. Stinson asks: "When bleeding is indicated, what practitioner will refuse to resort to the lancet?"

Why, Doctor, that is just the very point. Nineteen out of twenty fail to see the indication; and the chances are vastly in favor of the twentieth one being afraid to act in opposition to the *great minds* of the profession.—F. R. Millard, M.D., in *Med. and Surg. Reporter*.

An Anæsthetic Car.—A correspondent writes to an English contemporary:

"When I was in Paris I had an opportunity of seeing Paul Bert's anæsthetic car at work. I was at the St. Louis Hospital one morning; the car was there, and some operations were to be done on it. We—the patient, doctor, and his students—went into the car; the door, airtight, was closed, and air forced into the car; in a few minutes my ears began to feel strange, and I was told to swallow, yawn and blow my nose, which I did every few minutes, and so made the pressure equal on both sides of the drum of my ears. The patient laid himself down on the operating table, and the anæsthetic agent was given him. He took it very quietly, did not struggle, and was soon insensible. While he was unconscious an epithelioma was removed from his lower lip; after the wound was sewn up, the compressed air was allowed to escape; the patient got up from the table, walked out of the car, and

lay down on the grass; he complained of no headache nor nausea, but said he felt just as usual. The car is on wheels, and is carried from hospital to hospital; the hospitals being under government, the car is a public one, and is taken all over Paris.—*Med. and Surg. Rep.*

Opium Habit.—Dr. Gray, in Medical Brief, says: In erythroxylon coca we have a remedy which I am positive will cure the great majority of the victims of opium, but the physician must experiment a little in each case so as to arrive at the proper dose needed by his patient. This remedy certainly does so far exalt and support the powers of the whole organization, that the great depression following the gradual or even sudden withdrawal of the accustomed stimulant is not felt, or only to a small extent, by the patient.

In using the coca a reliable article should be obtained. Alkalies (sod. bicarb.) taken shortly after the coca increases its exalting and supporting effect. Attention to excretion is also of great importance. Other additional means may be required, and these are of course indicated by the condition of the patient.

Phenol.—This purified form of carbolic acid is generally to be preferred. At a meeting of the St. Louis Medical Society, reported in the St. Louis Medical and Surgical Journal, November, 1880, Dr. Carson presented a specimen of pure *phenol*, which he said they had adopted altogether in cases of antiseptic surgery, at least where Lister's method is practiced. It is recommended by Lister himself. It is less irritating, and on account of the odor, not so disagreeable as our ordinary carbolic acid. It causes a little tingling of the ends of the fingers after they have been in the solution for some time, though not nearly so decidedly marked as ordinary carbolic acid. It is expensive, costing four dollars per pound, and it requires considerable time, four or five months, to procure it from the manufacturers.—*Med. and Surg. Reporter.*

Duboisia and Atropia.—1. In solutions no stronger than two grains to the ounce, duboisia sulphate is free from danger.

2. That the two-grain solution of duboisia sulphate more rapidly paralyzes the ciliary muscle than a four-grain solution of atropia sulphate.

3. That the duration of its effects is less than half that of atropia sulphate.

4. That the preparations now in the market are more liable to irritate the conjunctiva than neutral solutions of sulphate of atropia.

5. That in the treatment of inflammations of the eye duboisia is quite as useful as atropia, and may therefore be used as a substitute.—*Therapeutic Gazette.*

Menthol.—This crystalline solid, derived from oil of peppermint, was brought forward last year, in Edinburg, as an antiseptic and antineuralgic. At present it is too costly for use for the former purpose.—*Med. and Surg. Rep.*

Relation of Fœtal to Maternal Circulation.—To determine the extent of communication between the two circulatory systems, Dr. Maas injected into the veins of pregnant rabbits different colored pigments and septic fluids. If the blood of the fœtus was examined from one-half to one hour after the injection, he could always detect in it the above granules, with bacteria and micrococci, similar to those introduced into the maternal circulation. But if the examination was made at a later period they could no longer be found in the blood, but were present in the liver and other organs. These facts are thought to explain why the statements of various observers are so contradictory, and, in some cases, negative.—*Przegląd Ckarski*.

Sclerotic Acid.—The constituents of ergot are many and complex. According to the last authentic analysis, there were found eight distinct principles, besides the many inert approximations that go to form the general structure of the *sclerotium*. For a long time ergotin was supposed to be the active ingredient, but it is now disputed in favor of sclerotic acid, which was found among the eight principles in the last analysis. It seems to be in favor with the profession in the East for hypodermic use, for which purpose it seems well adapted. It is reported that it retains its strength for a longer time than ergotin, and does not cause any injurious inflammation at the seat of puncture. The ordinary hypodermic dose is from $\frac{1}{3}$ to $\frac{1}{2}$ grain three times a day.—*Pacific Medical Journal*.

Gastric Absorption.—The question of the manner of absorption by the stomach is an open one, to decide which Dr. Anrep undertook a series of carefully and ingeniously conducted experiments. After having made a gastric fistula in a dog, he allowed it to recover entirely from the results of the operation. Then he introduced into the pyloric opening of the stomach, and down into the duodenum, an apparatus resembling Barnes' dilator, completely shutting off the cavity of the stomach from the rest of the alimentary canal. He then placed in the stomach a determined quantity of different substances, and after a lapse of time he examined it to see how much of them was left. He found that sugar was absorbed more quickly than anything.—*Vratch*, No. 46.

Successful Transplantation of Human Bone.—The Glasgow Med. Journal informs us that at the meeting of the Pathological and Clinical Society of that city, April 12th 1881, Dr. William Mac-e-wen showed a patient on whom transplantation of human bone had been performed, whereby over two-thirds of the shaft of the right humerus had been restored. The grafts were taken from six wedges of bone removed from limbs of patients affected with antero-tibial curves, and were reduced to very small fragments previously to insertion. The patient was formerly shown to the Society after the first graft had been completed, when there was a restoration of the upper part of the shaft, to the extent of one inch in length. Now, the shaft was completely restored, and the right humerus only measured one-half inch shorter than the left.—*Med. and Surg. Reporter*.

Caroba, Iodoform and Boracic Acid in Syphilis.—Annie C., 24, a servant, contracted syphilis four years ago. Under mercurial treatment she seemed to have eradicated the disease, but eight months ago three large rapidly spreading ulcers made their appearance. So fast did they spread and deepen that inside of ten days one of them was more than four inches in diameter, the others but little smaller. Placed her on carobæ (P. D. & Co.), and sprinkled the ulcers every hour with iodoform and boracic acid, equal parts. From the very first application of the iodoform and acid there was a decided improvement in the appearance of the ulcers. Result, a perfect cure, apparently. —D. F. Powell, M. D., Lanesboro, Minn., in *The Medical Summary*.

Glycerine in Gastric Flatulence, Acidity and Pyrosis.—Glycerine does not prevent the digestive action of pepsin and hydrochloric acid; hence, while it prevents the formation of wind and acidity, probably by checking fermentation, it in no way hinders digestion. One or two drachms may be taken either before, with, or immediately after food; in water, coffee, tea, or lemon and soda water. In tea and coffee it may replace sugar, a substance which greatly favors flatulence, as indeed, does tea in many cases. In some instances a cure does not occur till the lapse of ten days or a fortnight.—*Kings Co. Proceedings*.

DR. A. E. BURKHARDT has endeavored to ascertain if vaccination of the mother during pregnancy will protect the child from vaccinia, and eventually against variola. The children of six mothers who were vaccinated or revaccinated after the sixth month, with complete or partial success, were vaccinated without effect. The number of experiments was too small to justify a judgment, especially when it is remembered that very young infants are often insusceptible to vaccinia, although they may become so in a few months.—*Pacific Med. Jour.*

Tartrate of Morphia.—This salt of morphia is recommended as a suitable one for hypodermic use; because a solution of greater strength can be obtained than with the acetate or sulphate. It is quickly made by dissolving 150 grains of the alkaloid morphia and 22 grains (or a sufficiency) of tartaric acid in one-half ounce of hot distilled water, and evaporating in a moderately warm place.—*Pacific Med. Journal*.

Eugenol.—The antiseptic properties of oil of cloves and oil of peppermint have long been known, since they have often been employed to prevent starch, etc., from becoming mouldy. They have also been employed as remedies for toothache. Eugenol, which is extracted from these oils, and which is also known as eugenic or caryophylllic acid, is found to have similar powerful antiseptic properties. It has a formula, $C_{10}H_{12}O_2$.—*Med. and Surg. Rep.*

Thymol.Thymol vaseline ointment is made by dissolving twenty grains of thymol in one ounce of vaseline. It is useful in eczema and as a parasiticide. It is said that thymol has the property of immediately removing the smell of tobacco.—*Phil. Med. Times*.

PRACTICAL NOTES AND FORMULÆ.

Listerine.—Dr. H. A. Cottell, Demonstrator of Anatomy in the Louisville University, in a published letter, says: I had an experience with Listerine the other day which gave me no little comfort. I had ordered it as a throat wash in a case of scarlet fever where it did good work; but the nurse, mistaking it for another medicine, gave a tablespoonful of it to the patient, who was an adult. The mistake was soon discovered, and the father of the patient made haste to a neighboring drug store where, through telephone, he informed me of the situation, and no one but a physician, who has had experience with poisoning through misadventure, can appreciate the satisfaction with which I assured him that the wash was non-poisonous, and could do no harm. Had I used carbolic acid, or almost any other antiseptic, I might have had a case of poisoning on my hands, or at least, great trouble in antidoting the toxic drug. It is needless to say that no unpleasant symptoms followed the mistaken dose, which was given at about half-past five in the afternoon. It may have contributed to a favorable result, for the patient slept well during the following night, awaking in the morning refreshed and improved.

Though, theoretically, Listerine ought to be of service in a zymotic affection like scarlet fever, it will not do to lay much stress upon the apparent good effect of an isolated dose, accidentally given, but too much cannot be said in favor of an efficient antiseptic that proves itself to be innocuous in any dose likely to be taken through mistake.

Prof. E. R. Palmer, who was associated with me in this case, is pleased with the qualities of Listerine, and confirms the statements and conclusions above stated. I believe that this antiseptic will prove itself worthy of high favor with the profession.

Metastatic Prostatitis.—Dr. R. T. McConnell, of Alabama, writes: Having noticed an article in the July issue of your Journal, on Epidemic Metastatic Parotiditis, soliciting more information on the subject, I propose giving a history of 42 cases occurring in my practice. Of this number $66\frac{2}{3}$ per cent. have had metastasis; also $23\frac{2}{3}$ per cent. had remittent fever coming on just previous to, or during inception of mumps. These cases were males from 12 to 78 years of age. Metastatic parotiditis has been more severe in this immediate community than elsewhere in this country. Whether or not the remittent condition attending mumps in this section influences metastasis, I cannot satisfactorily determine; however, from my record, I am of that opinion. Heretofore, metastasis was said to have been produced by over-exertion, exposure, etc., but the majority of my cases have not been caused by any such influences. I hope this article will elicit further information on the subject.

Antiseptic Treatment of Enteric Fever.—In the British Medical Journal, Dr. J. E. Shelly reports early and rapid fall of temperature, retardation and steadying of the pulse, improvement in stools, cleaning of tongue, early removal of abdominal tenderness,

refreshing sleep, and remarkable general comfort, without complications, in a series of cases of typhoid fever treated by the formula of Rothe, somewhat modified. He gave every two, three or four hours a draught containing one or two minims of carbolic acid, one to three minims of tincture of iodine, half a drachm of simple syrup, and an ounce of lemon-water till apyrexia was produced, and after that at longer intervals for several weeks. Like Dr. Rothe, he has had good results from the same combination in choleraic and autumnal diarrhea and diphtheria.—*Louisville Med. News.*

Rhus Aromatica in Gonorrhea.—Dr. J. C. Spiegel reports, in *Therapeutic Gazette*, a case of gonorrhea successfully treated with the following:

R Ext. rhus aromat. fluid. } aa fl. 3ss; 16.00 Gm.,
 Glycerinæ..... }
 Aquæ..... 3j; 32.00 "

M. Sig. For injection three times daily after urinating. Relief was immediate and cure complete.—*Louisville Med. News.*

The Treatment of Anorexia.—M. Huchard has had frequent opportunities of administering the following prescription to patients in whom it is necessary to stimulate the appetite:

Water..... Gm. 250 (3vij),
 Peppermint water..... }
 Tincture of gentian..... } aa Gm. 10 (3ijss),
 Tincture of bitter orange peel..... }
 Tincture of stellate anise seed..... }
 Compound tincture of cardamons..... Gm. 3 (m xlv),
 Bitter drops of balsam..... Gm. 2 (3 ss).

Filter. Teaspoonful to be taken after each meal.—*Le Progres Med. Practitioner.*

Night Sweats.—

R Acid sulphurici..... 3ijss; 10.00 Gm.,
 Tinct. opii..... 3j; 4.00 "
 Syrupi aurantii..... 3j; 30.00 "
 Aquæ, ad..... 3vij; 240 00 "

Sig. Two tablespoonfuls three times a day.—*Farquharson.*

The above prescription is also very useful in summer diarrhoea, and as a prophylactic against painter's colic.—*Med. Gaz.*

Ulceration of the Os.—In hyperplastic swelling of the vaginal portion, and in follicular ulcers of the os, Dr. Kisch, of Berlin, has derived great use from it (*Berliner Klinische Wochenschrift*, No. 42, 1879). He employs—

R Iodoformi..... 3j,
 Glycerinæ..... 3x,
 Olei menthæ piper..... gtt. vi-x. M.

Shake well together. Steep a plug of cotton wool in this and apply to the vaginal portion.—*Med. and Surg. Rep.*



EDITORIALS AND MISCELLANEOUS.

CHANGES AND RESIGNATIONS.

DR. JOHN G. WESTMORELAND has resigned the chair of Materia Medica, so long and ably held in the Atlanta Medical College, and Dr. J. S. Todd has been elected to supply the vacancy. W.

DR. H. F. SCOTT, the intelligent Professor of the Eye, Ear and Throat in the Southern Medical College has resigned his place, and Dr. A. G. Hobbs has been elected in his stead. Dr. Hobbs is a specialist of experience in this department, has had fine educational advantages and is eminently qualified for the position. W.

THE chair of Diseases of Children, in the Southern Medical College, so ably filled by our co-editor and friend, Dr. W. T. Goldsmith, has been made vacant by his resignation. The duties of this chair will hereafter attach to Dr. Thomas S. Powell, Professor of Obstetrics, whose experience in this branch, and whose ability as a lecturer, give ample assurance that the department will be well and thoroughly taught. W.

DR. W. G. OWEN, of Atlanta, Lecturer on Nervous Diseases, has been elected to the chair of Practice in the Southern Medical College, made vacant by the resignation of our distinguished friend, Dr. Alban S. Payne, of Virginia. While the Faculty regret the departure of Dr. Payne, they are pleased to state that his mantle has fallen upon worthy shoulders, Dr. Owen being an experienced physician and a lecturer of rare ability. W.

NEWS AND MISCELLANY.

The American Public Health Association will hold its ninth session in Savannah, November 19th.

Pancreopepsine.—See Warner & Co.'s new advertisement of Liquid Pancreopeptine.

NICE Chemical preparations are being put up by George J. Howard & Bro., wholesale and retail druggists on Broad street. See their advertisement.

The Southern Medical College will commence its Third Annual Session on October 13th. Both hospital and clinical advantages will be furnished the student the coming session, and in all respects the facilities for instruction will be of a high order.

Celertina.—This preparation is highly spoken of and seems to be growing rapidly in the confidence of the profession. See the advertisement in this Journal. It is especially recommended in the opium habit, and is adapted to low states of the nervous system from any cause.

Surgical Instruments.—We are informed that the house of A. L. Hernstein, of New York, will soon establish a branch house or Southern Depot for Surgical Instruments in Atlanta, so that hereafter physicians may procure any instrument in the Surgical line without the necessity and delay of ordering from New York.

PRIZE ESSAYS.

At the meeting of the Medical Association of Georgia in April last it was agreed to offer three prizes for Essays:

First. A prize of \$50 for the best Essay on Medicinal Plants growing in this State, their use in practice, natural history, mode of cultivation and preparation for use and the market.

The second and third Essays, for each of which \$25 is to be awarded—may be upon any subject in Medicine or Surgery the writer may choose to adopt.

A committee was appointed to suggest a plan upon which the Essays are to be written. The committee will address a circular to the profession in relation to the subject.

The Atlanta Medical and Surgical Journal, formerly the organ of the Atlanta Medical College, has made a new departure, and is now issued as an Independent Journal under the name of *The Atlanta Medical Register*. It is edited by Dr. Thad Johnson, Professor of Surgery in The Southern Medical College, and Dr. J. B. Baird, of this city.

Petrolina.—Among the best of the modern additions to the armamentarium of the practitioner petrolina may be numbered. Bland, soothing and unirritating, it is adapted to all conditions wherein cerates or ointments are indicated. As prepared by the Binghamton Oil Refining Company it is a beautiful and excellent preparation, and is made the base of a number of valuable combinations in the shape of salves, etc. Be sure to see their advertisement.

MEDICAL BOARDS OF GEORGIA ABOLISHED.

At the late session of the Georgia Legislature, a bill purporting to come from the Georgia Medical Association, was introduced to abolish the Allopathic, Eclectic and Thompsonian Medical Boards of the State, and to establish a new board composed of nine physicians, appointed by the Governor, who were to have authority to examine and license all applicants to practice in any and all of the different systems and isms.

While it affords me no pleasure to oppose any action of the State Medical Society, and advocated by certain medical friends in my own city, yet I was compelled to do so, because it contained a feature which was in direct conflict with the ethics as announced by a resolution of the American Medical Association at its late meeting, which body I attended as a representative of the profession of Georgia.

The action of the American Medical Association to which I refer, is in the following language:

"It is not in accord with the interest of the public or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine."

This unprofessional feature of the bill, with other objections, I explained to the committee, and the bill was abandoned, and a second bill was framed and presented.

In justice to the profession and the members of the old Board I felt also constrained to oppose this bill, and did so in a circular embracing the following objections:

It appears to be actuated by the same determination that characterized its predecessors, and that is *the deposition of the members of the present Board*.

It discriminates against the graduates outside of the State. In other words, a graduate of any medical institution in the State of Georgia

who registers may practice medicine, independent of the Board, whether he be a man of good or bad character; but a graduate of another State must not only pay a fee of \$20, but is subject to the judgment of the Board in respect to his moral character, and "such other of his qualifications as said Board may require."

Again, there is doubt as to whether or not physicians of long practice and high professional standing, may not be liable to pay a fee of \$20 to secure the endorsement of their diplomas, the section on this point being in uncertain language, or admitting, at least, of different constructions.

This second bill, like the first, was likewise abandoned, and a third one adopted abolishing all Boards, and if signed by the Governor, will be the law of the State. We publish it in the present issue of our Journal.

While I favor the requirements of this bill, and think it would accomplish great good if it could be enforced, yet had I known of this bill in time I would have proposed an amendment extending the license of those practicing under temporary license, one or two years, that they might have time to prepare for college and to procure diplomas in the regular way.

There is another feature in the bill which I need not now mention, that I would have suggested some alteration in upon the ground of its probable unconstitutionality, and which may defeat the entire objects of the bill, if tested in the courts.

Thus much I have felt called upon to say in justice to myself in connection with the discussion upon this bill. In all my action upon this subject I have openly avowed my objects and purposes, and have never lost sight of the interest and honor of the Medical Profession, and desire my views and motives to be fully known and understood by the profession everywhere.

T. S. POWELL.

A BILL TO REGULATE THE PRACTICE OF MEDICINE IN GEORGIA.

SECTION 1. The General Assembly of the State of Georgia do enact, That no person shall practice medicine within this State unless he has been heretofore legally authorized so to do, or shall be hereafter authorized so to do by a diploma from an incorporated medical college, medical school or university, and by compliance with subsequent sections of this Act

SEC. 2. Be it further enacted, That for the purpose of this Act, the words "practice medicine" shall mean to suggest, recommend, prescribe or direct the use of any person any drug, medicine, appliance, apparatus, or other agency, whether material or not material, for the cure, relief or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound, fracture or other bodily injury, or any deformity, after having received or with the intent of receiving therefor, either directly or indirectly, any bonus, gift or compensation.

SEC. 3. Be it further enacted, That any person now lawfully engaged in the practice of medicine within this State, shall on or before the first day of December, eighteen hundred and eighty-one, and every person hereafter duly qualified to practice medicine, shall, before commencing to practice, register in the office of the Clerk of the Superior Court of the County wherein he resides and is practicing, or intends to commence the practice of medicine, in a book to be kept for the purpose by said clerk, his name, residence and place of birth, together with his authority for practicing medicine as prescribed in this Act. The persons so registering shall subscribe or verify, by oath or affirmation, before a person duly qualified to register oaths under the laws of this State, an affidavit containing such facts, and whether such authority is by diploma or license, and the date of the same, and by whom grant-

ed, which shall be exhibited to the County Clerk before the applicant shall be allowed to register, and which, if willfully false, shall subject the affiant to conviction and punishment for false swearing. The County Clerk to receive a fee of fifty cents for each registration, to be paid by the person so registering.

SEC. 4. Be it further enacted, That every registered physician in this State, who may change his residence from one county into another county within this State, shall register in the clerk's office of the county to which he removes, and wherein he intends to reside and to practice medicine, as provided in section three (3) of this Act.

SEC. 5. Be it further enacted, That any person who violates either of the four preceding sections of this Act, or who shall practice or offer to practice medicine, without lawful authority, or under cover of a diploma or license illegally obtained, shall be deemed guilty of a misdemeanor, and, on conviction, shall be punished by a fine of not less than one hundred dollars, or more than five hundred dollars, or by imprisonment for not less than thirty or more than ninety days, or both. The fine, when collected, shall be paid, the one half to the person, persons, or corporation making the complaint, the other half into the county treasury.

SEC. 6. Be it further enacted, That nothing in this Act shall apply to commissioned medical officers of the United States army or navy, or to the United States marine hospital service, or to legally qualified dentists in the practice of their profession, or to any woman practicing only midwifery.

SEC. 7. Be it further enacted, That all provisions of law providing for the organization, qualifications and duties of any and all Boards of Physicians, of any school whatever, be and the same are hereby repealed, and there shall henceforth exist in this State no Board of Physicians, but the only requisite qualifications of practitioners of medicine shall be those hereinbefore set forth.

SEC. 8. Be it further enacted, That all laws or parts of laws in conflict with this Act be and the same are hereby repealed.

AUTOPSY IN THE PRESIDENT'S CASE.

The death of President Garfield occurred at 10.35 p.m., September 19th 1881. The following account of the autopsy was published:

The following official bulletin was prepared by the surgeons who were in attendance on the late President:

By previous arrangement a post-mortem examination of the body of President Garfield was made in the presence and with the assistance of Drs. Hamilton, Agnew, Bliss, Barnes, Woodward, Reyburn, Andrew Smith, of Elberon, and Adjutant-Assistant Surgeon D. S. Lamb, of the Army Medical Museum, of Washington. The operation was performed by D. S. Lamb. It was found that the ball, after fracturing the right eleventh rib, had passed through the spinal column in front of the spinal canal, fracturing the body of the first lumbar vertebrae, driving a number of small fragments of bone into the adjacent soft parts, and lodging below the pancreas, about two and a half inches to the left of the spine, behind the peritoneum, where it had become completely encysted. The immediate cause of death was secondary hemorrhage from one of the mesenteric arteries adjoining the track of the ball, the blood rupturing the peritoneum and nearly a pint escaping into the abdominal cavity. This hemorrhage is believed to have been the cause of the severe pain in the lower portion of the chest complained of just before death. An abscess cavity, six inches

by four in dimensions, was found in the vicinity of the gall-bladder, between the liver and the transverse colon, which was strongly adherent. It did not involve the substance of the liver, and no communication was formed between it and the wound. A long suppurating channel extended from the external wound between the loin muscles and the right kidney almost to the right of the groin. This channel, now known to be due to the burrowing of pus from the wound, was supposed, during life, to have been the track of the ball. On an examination of the organs of the chest, evidence of severe bronchitis were found on both sides of the bronchi, though to a much less extent of the left. The lungs contained no abscesses, and the heart no clots. The liver was enlarged and fatty, but free from abscesses, nor were any found in any other organ except the left kidney which contained near its surface a small abscess about $\frac{1}{2}$ of an inch in diameter.

In reviewing the history of the case in connection with the autopsy, it is quite evident that the different suppurating surfaces, and especially the fractured spongy tissue of the vertebræ, furnish sufficient explanation of the septic condition which existed.

We have heretofore refrained from commenting upon the case of the President, feeling that the physicians in attendance were intelligent and competent men, and were doing all that could be done. We regard the criticisms as to the treatment, made by the newspaper writers, and especially by medical writers, as uncalled-for and in bad taste. The autopsy, it is true, discloses that on some points of diagnosis of the medical men was at fault, particularly in regard to the track and locality of the ball, but the error made was one that would have been made perhaps in a thousand similar instances by any number of surgeons, and did not in any serious way change the final result, which was inevitable under any treatment that might have been adopted.

"*The Conversations*" of the Senior Editor which have been running for some time in our Journal will cease with the present number. They will be put into pamphlet form, and will contain a supplement on *What Constitutes the True Woman*. They were, of course, not intended as a standard work for the profession, but rather for non-professional readers, whom it was hoped would find in them good and useful suggestions upon a subject of great interest and importance, and upon which much ignorance prevails. It was believed also that the medical student, many of whom read the RECORD, and young practitioners at least would find interest and profit in "Conversations," which were based upon the actual experience and observation of the writer, and which contain many valuable hints in regard to the manner of approaching and talking to patrons and patients, together with practical suggestions which can be made available and useful in the social and professional walks of life. The pamphlet may be obtained by an order to A. M. Bergstrom, publisher, Atlanta. Price, 50 cents.

RECEIPIED.

1881—Drs. B E Clark, B W Seabrook, W V R Plummer, J P Simons, J A Gordon, L W Coleman, E R Paden, James Ryalls. 1880—Drs. J M Morston, Samuel Barbour, R A Allen, S T Smythers, A A Walter, E L Miller, S S Salter, W J Rogers.

SPECIAL NOTICES.

PARKE, DAVIS & CO., Detroit, Mich.—This large, reliable and splendid establishment still maintains its high popularity, and is extending its active and thorough business operations to all sections of the Union, and even across the waters. The efforts of this house to introduce new and valuable medicinal agents from abroad, have proven eminently successful, and have resulted in adding many important articles to the armamentarium of the practitioner.

Wm. R. Warner & Co.—This long established, reliable and popular house is so well and favorably known that it is unnecessary to commend it to the profession and to the trade. As manufacturing chemists they have become the pride of our country: their fame has crossed the Atlantic, and their preparations are admirable and the honor and reliability of the house is everywhere acknowledged.

ALOE & HERNSTEIN, St. Louis.—This is an excellent house—dealers in Surgical and Electrical Instruments of every kind. Their improved Galvanic Battery is a superior instrument, and their patent SADDLE BAGS for physicians are very neat, compact and convenient, and unsurpassed by any in the market. They may be found or ordered at any of the wholesale drug houses. See advertisement.

Dr. H. R. Bennett, of Fitchburg, Mass., in a paper read before the Massachusetts Surgical and Gynecological Society, says: "One of the best tonics to build up a broken down constitution from a long standing endometritis is Liebig Co.'s Coca Beef Tonic." Professor C. A. Bryce, M. D., (Southern Clinic, August, 1881), says:—"It is really a wonderful tonic and reconstructive."

LISTERINE in Diseases of the Air Passages.—Dr. Wm. Porter recommends Listerine as a substitute for carbolic acid in the treatment of diseases of the air passages where an antiseptic is needed, either in spray or otherwise.—*Cincinnati Lancet and Clinic*. We have ourselves used it with good satisfaction in the treatment of an inflammation of the antrum. Dr. F. R. Fry has found it very serviceable in the foul-smelling of children's heads.—*St. Louis Courier of Medicine and Collateral Sciences*.

Worthy of Record.—The Powell Manufacturing Company, of Baltimore, the manufacturers of Powell's Beef, Cod Liver Oil and Pepsin, the superior food and nutritive tonic, have taken the true ground in the introduction of their valuable medicine, (which our leading practitioners are prescribing largely), by guaranteeing to the medical profession that they will not in any way advertise the Powell's Beef, Cod Liver Oil and Pepsin so that it will come under the head of a patent medicine.—*Exchange*.

DR. J. S. WELLFORD, of Richmond, Virginia, Professor of Diseases of women and children in the Medical College of Virginia: "I have paid a great deal of attention to urinary troubles, and have frequently and freely prescribed the LITHIA WATER in their treatment with the very best results. In all the forms of the Uric Acid Diathesis, whether as well-formed Gravel or Gout, or in the milder forms of Gouty Dyspepsia or Nettlesrash in their various varieties, I know of no Mineral Water which I consider at all equal to that of Spring No. 2. "In many Skin diseases of old age, dependent on the Uric Acid Diathesis, such as Eczema, etc., this water acts most beneficially."

CELERINA.—This preparation, prepared by Richardson & Co., Wholesale Druggists, St. Louis, Missouri, is deservedly attracting much attention as a nerve-tonic in cases of nervous exhaustion and debility, whether from sexual excesses, opium habit or other depressing agents. Testimonials in its favor are coming up from the profession in all sections.

BEDFORD ALUM AND IRON SPRINGS.—The advertisement of these Springs may be seen in another part of this Journal, and should be carefully read. The Editors have tested its virtues. It is an excellent remedy in hæmoptisis, or as an anti hæmorrhagic in any case, especially of a passive character. As an injection in gleet, gonorrhœa, leucorrhœa, etc., it is highly useful. As a gargle in ulcerated sore throat it is very efficacious. In chronic diarrhœa it is often useful, and given in small doses, in the night sweats of phthisis it has been found an excellent remedy.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to A. A. DELLIER, 709 Washington Avenue, St. Louis, Mo.

T H E

Southern Medical Record:

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R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must
be addressed to the Managing Editor.

VOL. XI. ATLANTA, GA., OCTOBER 20, 1881. No. 10.

ORIGINAL AND SELECTED ARTICLES.

THE NATURE, PATHOLOGY AND TREATMENT OF DIPSOMANIA.

BY EDWARD C. MANN, M.D., OF NEW YORK,

Physician to Sunnyside, a Private Hospital for the Treatment of Dipsomania, the
Opium Habit and Nervous and Mental Diseases.

Dipsomania, or periodical inebriety as many term it, is to be classed under the head of the psychical degeneration states affecting the brain, and belongs in the subdivision of periodical insanity. It is characterized by an incontrollable and intermittent impulse to take alcoholic stimulants or another agent, as opium or chloral, which causes intoxication. We must distinguish between this and the physiological state, in which the individual merely chooses to indulge in liquor to excess. The great question of importance is to distinguish the two states or conditions, when the result—inebriety—is the same. We must observe whether there are symptoms in our patient which can be referred to primary disease of the nervous system. We must examine for hereditary influences, which when present lead us, of course, to suspect disease. Early development of the appetite for stimulants points in the same direction; but the great diagnostic point attending the *disease* is the *irresistible* impulse by which the patient is impelled to gratify his morbid propensity, being, during the paroxysm, blind to all the higher

emotions, and pursuing a course against which reason and conscience alike rebel. It is frequently seen that these paroxysms are preceded by considerable disturbance of the nervous system. The patient perspires and is sleepless, uneasy and prostrated, and so craves some stimulant. Between the paroxysms he is different from a common drunkard, in oftentimes disliking exceedingly all stimulants, and is then a useful member of society.

Dipsomania has been described under three forms : acute, periodic, and chronic. The acute form is the rarest, occurring only after exhausting diseases or excessive venereal indulgence. The periodic form is much more frequent, and is observed in persons who have suffered injury to the head or spine, females during pregnancy and at the catamenial period, and also in men whose brains are overworked. This form is frequently hereditary, and consequently proportionately difficult of cure. These patients may abstain for weeks and months from all stimulants, and may, during this interval, positively dislike them. At last, however, the patient becomes uneasy, listless and depressed ; is not inclined to apply his mind, and finally begins to drink and continues until intoxicated. The patient continues this course for ten days or perhaps a fortnight, and then bitterly regrets his fall. This often runs on, if not checked, into mania and lapses into dementia.

The chronic form is the most incurable form of the disease, as the patients are incessantly under the irresistible desire for alcoholic stimulants. I think the latter class of cases require constant seclusion in an asylum, if they wish to be free from intoxication, as a discharge or leave of absence is always followed by a repetition of the same acts. In a majority of cases of this nature we find hallucinations of sight and hearing, which oftentimes produce very painful moral impressions and at times even great terror in the patient. Cases of delirium tremens are excluded in these remarks. These patients manifest confusion of thought, perversion of feelings, suicidal tendencies, tremors of the facial muscles and tongue, anæsthesia of the extremities at times, and very often paralytic symptoms going on to general paralysis.

The subject of hereditary metamorphosis of the diseases of the nervous system is of great importance in this connection. As a result of intemperance in the progenitors, we find transmitted to the offspring, allied but different forms of neuroses. It may be dipsomania, epilepsy, chorea or actual insanity, or a proclivity to crime. It is, at all events, an aptitude for some form or other of nervous disorder, the particular form being often determined by causes subsequent to birth.

The law of hereditary transmission applies equally to the victims of dipsomania as well as to the other insane classes, and is to be studied, I think, in three divisions according as it is manifested.

1. In predisposition or simple aptitude, the result of a defective organization, and a weakened or diseased nervous system, as a result of which the possessor is predisposed, or has a tendency to seek for the relief obtained by alcoholic stimulants when laboring under physical or mental depression.

2. The latent state or germ of the disease, and

3. In the actually developed disease.

The first of these states, the predisposition or aptitude, being hereditary to a strong degree, is universally acknowledged to be the most difficult to eradicate, and requires the wisest sanitary conditions adapted to both mind and body. Most people doubt the existence of the second or latent state or germ of the disease, ignoring the law of progressive development, and such persons find it difficult to believe that dipsomania coming on in maturity, as a result of ill-health, mental shock, etc., may have originated in intemperance in the parent or grand parent. Yet this is a fact. One very important organic law which should be universally understood in this connection is that morbid impulses and characteristics and traits may disappear in the second generation and break out with renewed intensity in the third, although a tendency or predisposition may be transmitted to the offspring, and under good hygienic and other favorable circumstances die out and fail to be transmitted any further.

I have remarked in my experience with the insane, whether the exciting cause be intemperance or something else, that the cases most unlikely to recover are those where the insane temperament or diathesis is clearly manifested and where the predisposition to disease is inherited. Such patients, though they may have lucid intervals, rarely if ever entirely recover. I think the insane impulses to drink, which overcomes all the efforts of the individual who inherits a tendency in this direction, present the same indications for treatment as do the suicidal and homicidal impulses, namely, seclusion from society, and the necessary restraint in an institution.

I do not agree with that class of persons who hold that under all circumstances the dipsomaniac is to be treated as an invalid, with the utmost kindness and forbearance, and then, with the strangest perversity, turn round and tell you that inebriety is no excuse for criminal actions, and fine and imprison the unhappy man who has been driven into the debauch by an irresistible craving for drink, when properly he should be regarded as insane, and should be sent to an inebriate asylum for treatment and cure.

Our laws, at present, fail lamentably in preventing intemperance, and this is due, in a great measure, to the false view in which this disease is held by the judiciary. The different forms of dipsomania cor-

respond in their manifestations and oftentimes in their causes, to other cases of mental disease, and cannot properly, I think, be separated from them as regards the fact of the disease. In my views I am upheld by the authority of the eminent Professor Kroyt-Ebing, of Germany, who, in his "Handbook of Psychiatry" recently published, which is one of the best works extant on insanity, classes dipsomania with the periodical insanities. Dipsomania often appears as a result of the same causes that operate in the production of other types of mental disease, such as ill-health, severe mental shock, blows on the head and spine and sun-stroke. I consider it, in common with constitutional affections, insanity; moral insanity—the monomanias—epileptic insanity—hysterical insanity and hypochondriacal insanity, one of these physical degenerative states affecting the brain, injured by hereditary or acquired vices of conformation or nutrition.

The depraved alcoholic craving in dipsomania is an irresistible impulse which the mind seems powerless to control; an insane impulse, just as surely as a homicidal or a suicidal impulse is an insane impulse, and one cerebral pathology is equally applicable to this as to other forms of insanity. The terrible insane craving for alcoholic stimulants is often the result of a lowered vitality or abnormal organic development of the nervous system that has descended from generation to generation, gaining in intensity until it manifests itself by the complete loss of self-control and action, inebriety in children and grandchildren, after they once taste intoxicating liquors and indulge in them.

The blunted moral perception which so many inebriates exhibit, and which renders them peculiarly liable to a relapse after they leave an asylum, is to be regarded in the same light, I think, as the perverted moral sense in moral insanity. In every institution for the insane, we find inmates who exhibit no obvious intellectual aberration or impairment, the moral faculties being deranged, while the intellectual faculties remain apparently in their normal condition. The manifestations of moral insanity may be a simple perversion of some sentiment or propensity under certain exciting causes; and I think this exactly comprehends cases of dipsomania with loss of self-control and perversion of the moral sense. The person, of course, is aware that the act is wrong in both instances, but the control which the intellect exercises over the moral sense is overdone by the superior force derived from the desire. I have been told many times, by both insane patients and dipsomaniacs, that the feeling on the one hand to commit some insane deed, and on the other to give way to alcoholic craving or appetite, was contemplated in both instances with horror and disgust, and at first successfully resisted, until at last, having steadily increased in

strength, it bore down all opposition. What can be a more powerful argument in favor of the disease theory of dipsomania?

We find in dipsomania the general symptoms of exhausted nervous power, viz: general debility of the body, inability to walk, even short distances, without fatigue; general feeling of languor; unwillingness to make any active exertion; great tendency to sweat, more especially at night, but also induced during the day by the slightest exertion, and often an unsteady gait. I have found these patients exceedingly prone to neuralgia. The explanation of this is probably due to the fact that there exists in such cases a worn, irritable, hyper-sensitive condition of the sensory nerve-cells of the central sensory tract, which is the sole seat of true nervous sensibility. The central nervous system is affected beyond all doubt by excessive drinking, and the degeneration thus produced I regard as a powerful pre-disposer of neuralgia of the inveterate type. Aside from the direct influence impressed on the nerve-centers, I think that this irritable and hyper-sensitive condition of the central sensory tract is often induced by visceral irritative disease of the stomach, kidneys or liver, so common in inebriates, which almost necessarily affects the sensory nerves which ramify in these organs, and from these diseased nerves a more or less steady stream of irritative and wearing nervous impressions is transmitted, practically without cessation to certain parts of the sensory tract, to which the sensory nerves from any given part may go, and, as a result, sooner or later the central sensory-cells are brought into that degree of nutritional disturbance which is the fundamental factor in neuralgia. The real seat of these severe neuralgias, from which so many dipsomaniacs suffer, is rarely, if ever, in the peripheral nerves of the affected region, but in the central nerve apparatus. The heart's action is weak, often irregular, accompanied by palpitation and not unfrequently with symptoms of indigestion.

A change has also come over the man's mind, so that the very *morale* of the mind is changed. At one moment he may be very joyous and excitable, and then he will become greatly depressed. He will be very friendly and anon very hostile. He will be so obstinate that nothing can overcome his determination, and at other times you may lead him like a child. The heretofore ever ready and resolute man manifests marked indecision of character, and in other cases there may be an utter inability to fix the mind on any one subject, or to follow up a train of thought consecutively. Not alone is there a loss of tone in character and blunting of moral perception, but intellectual discrimination is much impaired, and impairment of all the mental faculties is almost inevitable. The ideas are more spontaneous, less under the power of control, and any exertion requiring continuous

mental effort soon becomes impossible. There can be no doubt in the gravest cases, that alteration of the brain is taking place *pari passu* with these alterations of character. It may be atrophy, or the circulation through the brain may be checked or impeded by ossification or softening of the cerebral arteries or some disease of the heart itself, or the nervine or brain substance, may be undergoing a change, particularly on its peripheral surface as well as on the surface of its ventricles or cavities. The convolutions of the brain become paler and the furrows shallower. The weight of the whole cerebrum and cerebellum is lighter and less complex. Softening of the brain of a very delicate nature may be taking place; or, what is very likely, and is often passed by unnoticed, becomes discernable only to a well practiced eye, which may not be present at the right moment for observing its attack, is a very slight fit of apoplexy and paralysis, so slight indeed, that it occurs and passes away unnoticed and unperceived, and is recognized only in its after consequences and permanent effects. From the date of such an occurrence, though loss of life does not ensue from it immediately, yet in its ultimate effects it is sooner or later fatal. The patient is an altered man and never recovers himself. So delicate is the tracery of the nervous structure that the damage of a single fibre or set of fibres, destroys the unity of the whole.

There are generally three things present that lead to these attacks of cerebral hemorrhage, and as these attacks play a very important part in the production of premature mental decay in inebriates, it is desirable to thoroughly understand them and estimate their importance, and I will try to briefly explain them. The three factors I allude to are, hypertrophy of the left ventricle of the heart; chronic diseases of the kidneys; and thirdly, degenerated cerebral arteries. The hypertrophy of the heart is a simple hypertrophy of the left ventricle, the walls of the ventricle being thickened without any dilatation, although in exceptional instances dilatation may ensue. The blood, in inebriety, is more or less noxious to the tissues, since it contains an alcoholic foreigner, and its passage into the capillaries is undoubtedly resisted by contraction of the small arteries, the vessels most rich in muscular tissue. The muscular coats of these vessels therefore are hypertrophied in antagonism to the heart. Since the small arteries are hypertrophied throughout the body, the obstructions, though each is slight, are, in their sum-total, so large that in order that the circulation may be carried on efficiently, hypertrophy of the heart must ensue. There may be, doubtless, degenerative changes in the small arteries, so that there may be increased bulk with altered structure. It should not be assumed, I think, as it often is, that all the processes in the arteries leading to cerebral hemorrhage and apoplexy are of a degenerative

origin, as there can be no doubt that the presence of alcohol sets up a condition of sub-inflammatory irritation which plays a very important part in the production of cerebral hemorrhage. The sub-inflammatory irritation causes the arteries to lose much of their elasticity and to become permanently wider, larger and more tortuous. This absence of elasticity of the larger arteries becomes, by the withdrawal of the aid to the circulation in equalizing the flow of the blood, an important factor in leading to rupture of the small arteries.

When the brain wastes slowly, as it often does, the dilatation of the vessels and the increase in the quantity of the cerebro-spinal fluid favor rupture very decidedly. There can be no doubt that the occurrence of cerebral hemorrhage in inebriates, resulting from abnormal strains, would be much more frequent were it not for the provisions which nature has made for the protection of the brain from suddenly increased afflux. The turns of the carotid and vertebral arteries, the free anastomosis of the circle of Willis, and the small size of the arteries beyond that circle, before they enter the brain substance, all tend to protect the brain. The perivascular canals also exercise a protective influence over the vessels they surround, and in the corpus striatum, where cerebral hemorrhage is especially liable to occur, as its vessels are not capillary in size and proceed from the middle cerebral artery, which is almost the continuation of the internal carotid. We find the perivascular sheaths of very large size. When I say, then, that I consider one of the principal causes, if not the principal cause, of premature mental decay occurring in inebriates to be the occurrence of cerebral hemorrhage resulting from degeneration caused by the poisonous effects of alcohol upon the tissues, I do not think I overstate the actual facts. We generally have associated in such cases, hypertrophy of the left ventricle of the heart, as I have previously remarked, chronic disease of the kidneys and degenerated arteries. The strong left ventricle and inelastic arteries combine to prevent the wave of blood sent to the arteries from being properly equalized, and consequently the smaller arteries of the brain, which are normally thinner than the arteries of other parts, and which are degenerated, receive the impulse from the heart's jerks, and being thus diseased and fragile—perhaps dilated and aneurismal, give way.

[Concluded in next number.]

PHAGOMANIA.

BY L. G. HARDMAN, M. D., OF GEORGIA.

The description of this condition will give a sufficient idea of the definition of the term heading this article. It is, however, derived from two words, meaning hunger and madness; therefore, this patient, you will discover, is roaming about with eating-insanity.

Mr. B., aged 23 years, farmer by occupation; stout, healthy, robust boy up to four years of age, but during this time was known to have a voracious appetite from childhood, and this great desire for food seemed to increase, and with it insanity. There were times or paroxysms in which he commenced to steal food, and this continued to increase with the insanity, which caused him to make attempts to commit suicide and homicide. He at one time made an incision into his larynx, at which time I was summoned to see him, and on arrival found a considerable wound, from which he recovered.

During these paroxysms he sometimes goes about over the country stealing food. Thus you see the appellation applied to this disease or condition expresses the true nature of the case.

His immediate relation on the mother's side was subject to insanity, and on the father's side to dyspepsia; so you discover we have here the disturbance in both the nervous and digestive systems. He at one time took but little food, and during this time the insanity was not so violent. At this time he was very much emaciated, but shortly his voracious appetite returned and with it an increase of the insanity and the stealing propensity, food being the thing always stolen. When he could get food he would eat until pains in his bowels commenced, and then toss himself on the floor until relieved by vomiting, after which he would repeat the same thing immediately, if he could get the food.

During the paroxysm of insanity his great animosity is at his mother and sisters, whom he would murder if left alone.

His father was thought by the people to be a man of good mind, and doing well financially, until recently he left his family and went West. Since which time it has been discovered that his mind is not right.

There are other children in the family who have not strong minds, but in whom, as yet, insanity has not developed.

The name above given to this affliction I believe has never been used, but it expresses a condition no other word could. Kleptomania refers to stealing generally, but we have in this stealing a propensity for a particular article.

A CASE OF MALPOSITION OF THE FÆTUS SIXTY HOURS IN LABOR.

BY WM. T. BEALL, M. D., OF MISSISSIPPI.

If you find the following worth publication, please give it a place in your Journal:

On the morning of the 11th of March I was called up at 5 o'clock

to see a woman in labor. Found a bright mulatto aged about 45 or 46, the mother of 20 children, in great pain and nearly exhausted, having been taken with labor pains 60 hours before, and two old granny women sitting by her expecting to receive the child with each pain. Upon inquiry I found the waters had escaped some 24 hours previous to my arrival. I asked the attendants if they had made an examination to see what was the difficulty? They said they had, and everything was right.

Upon examination, I found the left arm folded upon the shoulder, and the child laying across the brim of the pelvis with the head in the right side. Introducing my right hand into the womb and finding it resistless, having nearly exhausted itself, I straightened the arm, laying it along side the body, took the head in the palm of my hand, raised the foetus up and brought the head in position, withdrew my hand, gave a large dose of extract of ergot, and upon the appearance of pain gave chloroform. In two hours after my arrival she was delivered of a male child weighing ten pounds, but still-born, requiring half hour's work to bring it to active life.

Here is a case, Mr. Editor, of a woman having given birth to 20 children, several times having twins, and never having need for a physician (for this is the first time she ever called in a doctor to attend her in labor), and in giving birth to her 21st would have lost her life without timely aid. As it was, she very narrowly escaped, for she could not have survived much longer had not something been done to correct the mal-presentation.

A CASE OF FACIAL PARALYSIS AND LUMBAGO.

BY C. H. WAGNER, M. D., WATERFORD, MISS.

The motto of this Journal being "*Quicquid Præcipies esto Brevis*," I will endeavor to relate my case in a concise manner, omitting to state several things which, under other circumstances, I should not have failed to mention.

Eight months ago I was suddenly attacked by paralysis of the muscles of the left side, which are supplied by the portio-dura of the 7th pair—æsthesia remaining unimpaired. Besides the usual appearances and symptoms, such as inability to laugh, whistle, raise the eyebrows, shut the eyelids, to spit straight, the chop-fallen cheek, etc., there were others which produced serious misgivings in my mind as to the probable result of the attack, particularly as my father and one of my brothers died of paralysis: they were diplopia, considerable vertigo, a feeling of oppression and heat in the head, buzzing in the

ears, and a creeping, gnawing sensation within the lower half of the occiput. The first thing I did was to take a strong drastic cathartic, after the operation of which I immediately commenced the use of the extract of ergot in somewhat larger doses than I should perhaps be willing to administer to others, to relieve the highly probable hyperæmia of the brain and to guard against its possible consequences. Having succeeded in this, I took sulphate of strychnia according to Dr. Hammond's method, but as this article apparently produced no effect, either good or bad, I laid it aside and commenced the use of one-tenth grain of phosphide of zinc and one-twelfth grain arsenite of soda in solution, three times a day alternately. Under the steady use of these remedies, a gradual, progressive improvement took place, which terminated in perfect recovery after a comparatively short time. I will here incidentally mention that the use of tobacco produced a temporary stop in the improvement, so long and as often as it was used.

To my surprise I also got rid, at the same time, of another complaint (and have not felt it since) from which I had been almost constantly suffering, more or less, for the last twenty years—lumbago. As I had then a patient, in the person of a lady 75 years of age, who was constantly afflicted with this pest, and whom I had been treating with every article I had ever used or seen recommended for chronic rheumatism without benefit, I determined to administer these remedies to her, and it gives me pleasure to state that they also cured her. I have used the term "chronic rheumatism," but this is, in my opinion, a misnomer for the affliction, as this complaint has nothing in common with acute rheumatism except pain (on motion), nor does it appear amenable in any degree to the successful remedies employed in that disease, it appearing to be really a simple myodynia—a myopathia of neuralgic character and origin.

ABSTRACTS OF PAPERS READ AT THE INTERNATIONAL MEDICAL CONGRESS.

The Curability of Uterine Displacements, by Paul F. Munde, M.D., New York.—Finding that the text-books either entirely omitted all mention of the possibility of permanently curing displacements of the uterus by any of the methods in use, or gave but vague statements on the subject, and impressed with the importance of having some positive conclusions on this matter, both for the sake of the patient and the satisfaction of the physician, the author had analyzed the cases of displacement which had come under his care (895), and had arrived at the following conclusions:

1. Displacements of the uterus are permanently curable in the large

majority of cases only when recent, or when a complete tissue metamorphosis, as occurs during pregnancy and after parturition, takes place.

2. Chronic cases (of more than a year's standing) are but rarely curable permanently, except occasionally under the last named circumstances. Apparent cures reported by some authors and witnessed by many physicians, soon show themselves to have been but temporary.

3. Pessaries form unquestionably the most practical, rational and (temporarily) the most efficient means of treating uterine displacements. Cures are but rarely accomplished by them.

4. Medicated (chiefly astringent) tampons, intelligently applied every day by the physician, give the best chances for permanent cure. This is particularly true of prolapsus, but holds good for all forms.

5. Electricity locally applied deserves more extended application.

6. All methods should be persevered in for months and years before success is to be expected.

Total Extirpation of the Uterus, by William Freund, M.D., Strasburg.

—The author said that his experience of three years, which had elapsed since its first publication on total extirpation of the uterus, and the works of others on the same subject which had appeared within this interval, had rendered his judgment clear as regards the most weighty points in the matter. There could be no question that, in carcinomatous disease of the uterus, extending over a considerable portion of this organ, total extirpation was the operation indicated. Some time ago surgeons repeatedly recurred to this operation, and tried both the operation through the vagina and that through incision of the abdominal walls. The results of these attempts were so unfortunate, that for a long time no further were made. When Dr. Freund had put his method to the test, with a favorable result in the first case; and when the first cases operated upon by Dr. Martini in Breslau, Dr. Kochs in Bonn, Prof. Olshausen in Halle, Prof. Schroder in Berlin, Dr. Velt in Berlin, Prof. Spiegelberg in Breslau, Dr. Kuhn in St. Gallen, had likewise proved successful, the hope, and even a somewhat excessive confidence, that he had at last safely solved this great problem of surgery, was intelligible and justified. But when unfavorable results were frightfully multiplied, when, also, the mournful fact became clear that recurrences did occur, discouragement and opposition appeared on many sides. Greater safety to life, according to most recent experience, was secured by the total extirpation *per vaginam*, carried out according to the principles of Czerny, Billroth, Schroder, Martini, and the abdominal total extirpation, modified according to the directions of Bardenheuer, Breisky, Rydygier, Kolaczek, and M. B. Freund. The leaving open and drainage of the peritoneal cavity, the simple ligaturing of the vessels of the severed broad ligaments, step by step, made the operation shorter, less laborious, and hastened the healing. Dr. Freund had convinced himself by experiment upon the dead body that, after separation of the cervix uteri from the vault of the vagina, it was easy to draw up the uterus through the abdominal wound above the symphysis. Dr. Rydygier and the author had carried out this mode of operating, first recommended by Breisky: By drawing up the uterus by the tena-

culum forceps invented by Dr. Freund, the uterus was rendered at once comparatively bloodless. The severing of the cervix all round from the vagina, he had carried out, without chloroforming the patient, immediately before the actual operation. The results of the vaginal total extirpation, as regards recovery, appeared to be very good; and Kolaczek affirmed that, in the method of abdominal total extirpation, as practiced by him and Martini, a fatal result was exceptional. The operation might be undertaken as a not very dangerous one in the early stages of carcinoma and sarcoma, in which it gave a promise of radical cure. Whether the vaginal or the abdominal extirpation was to be performed, must be decided according to the individual case. If the uterus were very large, and the vagina very narrow, the abdominal total extirpation must always be undertaken. With a small uterus and capacious vagina the vaginal operation was to be preferred; but the abdominal operation had a great advantage, in facilitating and insuring the carrying out of the separation of the uterus through sound tissue. On July 5th, Dr. Freund extirpated the uterus by the abdominal method, in spite of the uterus having been small and the vagina sufficiently large, in order to remove several cancerous intra-abdominal (iliac) glands. Advanced knowledge had shown that the danger of bleeding was not so great as was once supposed; and the danger of the peritoneal aperture was no longer to be considered—nay, rather, that the keeping open of the peritoneal wound was highly desirable.

Antisepsis in midwifery, by O. Spiegelberg, M.D., Breslau.—The author said that the great reform in surgery brought about by the antiseptic treatment could not fail to have a deep influence upon the treatment of the complications in childbed, as it was well known long ago that the latter were the same as arose from wounds. If, however, scrupulous cleanliness, which had been advocated long ago, favored a normal course of the puerperium, the practical gain was not very great. The idea that puerperal wounds were infected, and that inflammation of the genital organs was initiated by germs coming from outside, became more in vogue; and the idea that phlogogenous matter might be produced spontaneously within the genital tract was almost abandoned. The consequence of this idea was recommending the most scrupulous cleanliness of hands and instruments; forbidding students engaged in dissecting to attend midwifery cases; forbidding nurses attending cases of puerperal fever to attend normal cases at the same time. The experience that all these measures only slightly reduced the number of bad cases, originated the idea of secondary antisepsis. Intra-uterine irrigations and drainage came into use, but without much avail; the opinion took root that there existed an essential puerperal process. The application of the theory and practice of Lister's system to the puerperium meant the strictest cleanliness and antisepsis during birth, both on the part of the persons attending the mother, and of the mother herself. Air must be prevented from entering the genital tract; and as that was not wholly unavoidable, disinfection by frequent irrigation with antiseptics during birth may be practiced. After birth, care must be taken to secure perfect rest for the genital tract, to encourage involution, avoiding every intra-vaginal or intra-uterine manipulation which was not absolutely necessary; if such were necessary, it must be done under strictly antiseptic precautions. Secondary

antisepsis—after the infection had taken place—was not of much avail. It was only directly useful in processes of decomposition, so long as they had not passed the surface of the tract, and had not yet attacked the parenchyma of the organs. Otherwise, antisepsis was only a palliative, but no trustworthy remedy, since drainage and irrigation did not hit the deep seat of the disease, and did not remove or destroy the entered germs, not to speak of the inconveniences of the practical application of the secondary antisepsis.—*Med. and Surg. Reporter.*

DIPHTHERITIC CROUP.

BY J. M. BATTEN, M. D., OF PITTSBURG, PA.

Pseudo-membranous, membranous or diphtheritic croup has been, from time immemorial, considered a very grave and fatal disease. It is my opinion that the two diseases, membranous and diphtheritic croup, are distinct diseases, and require, in many cases, distinct treatment. It is possible to confound the one disease with the other; for, on account of the great fatality of the disease, we are not often offered an opportunity of studying their sequelæ.

Diphtheritic croup is a constitutional disease with local symptoms and sequelæ of albuminuria, paralysis, debility and perhaps heart paralysis. Membranous croup is a hyper-fibrination of the blood; children teething, with a large amount of fibrin in the blood, are likely to be attacked with membranous croup; besides, the latter disease has no sequelæ. I will not, however, stop to discuss the pathology of the disease, but will pass on to give you the history and treatment of a case of diphtheritic croup.

The case I am about to relate is a good type of the disease, and presented all the symptoms which might indicate a fatal termination.

I saw James H. W., aged 6 years, on November 2d, 1880. He had been sick about a week, with what the mother stated was a bad cold. Upon examination, the throat was red, with a patch of membrane behind each tonsil; the tonsils were not very much enlarged, the sub-maxillary glands were slightly enlarged, the tongue was coated, the breathing was labored and abnormal; there was aphonia; the cough was dry and had a ringing, whistling sound; the patient had been restless the previous night. I immediately imparted my opinion to the family that the case would likely terminate fatally. I put the child on No. 1:

R	Bromid. potass.....	gr. 1,
	Chlorat. potas.....	gr. 1,
	Tinct. aconiti rad.....	gtt. xij,
	Syr. tolutani.....	} aa 3ij,
	Syr. senegæ ..	
	Aquæ.....	3ss.

M. Sig. A teaspoonful every three hours.

The following day the symptoms, if anything, were more grave; the child had perspired freely after having been placed in bed, in a warm, comfortable room. The eyes were glassy and ejected, breath-

ing difficult, head thrown back. Countenance anxious, pulse 110 to 120. Respirations frequent: a dry mucous rale in both bronchia. The case was not one favorable for tracheotomy, for the membrane ramified the trachea and bronchia and bronchial tubes of both lungs. I continued the treatment till evening, with the addition of inhalation of lime steam, or steam from lime, when I put the patient upon No. 2:

R Chloratis potass..... gr. lxxx,
Tinct. ferri chlor..... gtt. clx,
Syr. simplicis..... $\frac{3}{4}$ ss,
Aqua..... $\frac{3}{4}$ iss.

M. Sig. A teaspoonful every three hours, and withdrew the first prescription.

I kept the patient on this until Friday morning, November 5th, with inhalation of steam from lime. There was no improvement; the father stated to me that the patient could not swallow the medicine during the previous night. I then put him on No. 3:

R Hydrarg. chlor. mit..... gr. iv,
Pulv. ipecac..... gr. ij,
Albi sacch..... gr. xx.

M. Ft. chart. viij. Sig. One powder every three hours.

I told the father to give the second prescription as often as possible.

In the afternoon the patient commenced expectorating a thick, tenacious, muco-purulent matter, a half pint in quantity; after this the patient commenced to breathe easily, the cough became hoarse, expectoration easy, and he went to sleep for the first time since the night of November 1st (Monday night). The patient is now rapidly convalescing; has not regained his voice. During the little patient's sickness I gave whisky and nourishing diet freely. On examining the urine, November 7th, I found it loaded with albumen.

I continued the treatment with prescriptions No. 2 and No. 3, until November 8th, when I dropped No. 3, the calomel, and continued No. 2, tinct. chlor. of iron, etc.

Now, the question may be asked, was it prescription No. 2 or No. 3 that benefitted the patient. I believe it was prescription No. 2, together with the inhalation of steam from lime; but the calomel, if it did no good, did no harm, and took the place of prescription No. 2 when the child could not swallow. Now, this was an interesting case, and is the fifth patient with this disease, diphtheritic croup, I have seen, all of which died except the latter; and if no sequelæ should arise to endanger his life, I think my patient will convalesce rapidly. Throughout the disease my little patient was very restless, gasping for breath, and wanted to be fanned.—*Med. and Surg. Rep.*

TYPHO-MALARIAL FEVER.

BY A. C. OSTERMAN, M. D.

In the March number of the Herald appeared an article from Dr. Rodman, describing the so-called Typho-Malarial Fever, and giving the history and treatment of two or three of his cases. My experi-

ence and Dr. Rodman's are so exactly similar that I cannot refrain from asking a little space to give to the profession, what has proved, in my hands, a specific in this disease. It was by the merest accident that I discovered the value of mur. tinct. of iron, the details of which I will not trouble you with, but simply give you the history of three of my cases, in which it effected excellent results.

I. George B., aged 19; previous health good, invasion gradual, general malaise and epistaxis for a week; felt chilly on Dec. 9th; was called Dec. 12th, P. M.; found temperature 105, pulse 120, respiration 35, face flushed, no eruption, tongue furred and dry, abdomen tympanitic, gurgling and pain in right iliac region. Prescribed 60 drops of tincture ferri chlor. every three hours, 10 grains quinia every six hours; fearing a tendency to diarrhoea gave $\frac{1}{2}$ oz. castor oil and 10 drops turpentine. Next morning, temperature 101, pulse 84, respiration normal, tongue clean and moist, bowels moved three times during the night, otherwise had rested well, and, with the exception of slight cinchonism, felt better every way. Reduced quinia to five grains three times a day; treatment otherwise the same. His temperature remained 101 for four days, then gradually, subsided; was convalescent within a week.

II. William G., aged 16; previous health good, invasion sudden, epistaxis and headache, Dec. 20th; prolonged chill on the 27th; was called 8 P. M., found temperature 105 $\frac{1}{2}$, pulse 130, tongue clean, abdomen tender and gurgling in right iliac region, stools liquid, and had four on the 27th. I ordered 60 drops of tincture ferri chlor. every three hours, 10 grains quinia every six hours. Dec. 28th, A. M., temperature 104, pulse 130, diarrhoea ceased, but he had slight delirium during the night; increased iron to 90 drops. 8 P. M., temperature 102 $\frac{1}{2}$, pulse 96. Dec. 29th, A. M., temperature 101, pulse 84, tongue moist; diarrhoea ceased; kidneys active. This condition continued until January 3d, when evening temperature was normal, and I dismissed the case, cured.

III. Spellman S., aged 42; previous health poor, invasion gradual, chilliness and diarrhoea for five or six days. April 12th, slight chill followed by high fever; was called April 18th, 2 A. M., found him delirious; could be easily aroused, but had to engage his attention all the time or he lapsed back into the same condition; temperature 104 $\frac{1}{2}$, pulse 130, respiration 34, tongue dry, cracked and brown in center; diarrhoea, ten or twelve operations daily. Abdomen tympanitic, tenderness and gurgling in right iliac region. Urine scanty, eruption on thorax and abdomen. Slight cough, sputa numular and streaked with blood; chest resonant on percussion; moist rales posteriorly.

Treatment.—Tr. ferri chlor. \mathfrak{zj} , every three hours; quinia x grains, every six hours. Diet exclusively milk.

April 19th, 9 A. M. Temperature 102, pulse 112, diarrhoea ceased; had some sleep during the morning, and kidneys more active; no blood in sputa, tongue moist and clearing off.

April 20th. Temperature 101, pulse 96, respiration normal, no diarrhoea, kidneys very active, passed nearly a gallon of water in the last twenty-four hours; gets plenty of sleep, and has some appetite. His temperature ranged between normal and 101 until April 25th,

when it became and remained normal. With the history of thirty-two cases before me, I find only one case where it (the iron) gave me any trouble. The urine becoming extremely acid, and the bladder intolerant, which yielded promptly to alkalies and hip baths.—*Med. Her.*

SKIN-GRAFTING IN LOSS OF SCALP.

BY WILLIAM L. BRADLEY, M.D., NEW HAVEN, CONN.

In 1869, M. Reverdin, of Paris, France, made known the process of skin-grafting, and it soon became recognized as the best method of healing large granulating surfaces. In cases where the entire scalp has been torn off, the success of this method has attracted especial attention. The following case is believed to be the second of its kind occurring in the United States, and with the first, which was under the care of the late Dr. L. C. Bartlett, of Waterbury, Conn., was partially published in the "Transactions of the Connecticut Medical Society for 1874." In answer to inquiries, and to assist others in the treatment of similar cases, it is now published in completed form.

On the 8th of August, 1873, Ann Farley, aged 35 years, of robust constitution, had her hair caught by a revolving shaft, which tore off the entire scalp. The tear extended below the right eye-brow and down the right cheek; the pinna of the right ear was also removed, and the pericranium covering the vertex was injured to such a degree that, afterward, the outer table of the skull exfoliated for a distance of seven inches. Immediately after the occurrence of the accident the case came under the care of Dr. Ira Smith. Dr. S. replaced the scalp, but in four days was obliged to remove it. The exfoliation of bone was hastened by the application of nitric acid, but more than three months was required for its entire removal. Dr. S. implanted a considerable number of grafts, but, probably on account of their large size, being an inch in diameter, and possibly for other reasons, none of them became permanent.

After nearly four months had elapsed, the patient, who had entered the New Haven Hospital, came under the care of the writer, who continued in charge until the wound was entirely healed. At this time, December 1, 1873, the unhealed surface measured seventy-four square inches. The growth of healthy granulations was so stimulated by the application of basilicon ointment, that, December 10th, several pieces of skin, removed from the patient and others, were successfully implanted. During the following five months the grafting was repeated at varying intervals, but the process of healing was retarded by several attacks of erysipelas.

May 28, 1874, the progress of the case was exhibited to the Annual Convention of the Connecticut Medical Society. At that time the newly formed skin had advanced from one to two inches beyond the usual marginal cicatrization. The denuded surface was entirely healed September 22, 1875, completing a period of two years one and a half month from the time of the accident. This result was accomplished by grafting seven hundred and ninety-five pieces of skin, which measured from a quarter to an eighth of an inch in diameter, and were removed from fifty-five individuals; of this number, one hundred and seventy-one were contributed by a strong and healthy young man, who

was resident in the hospital, and one hundred and fifty by the patient. It is estimated that about one-third of the entire number failed to become permanent.

Constitutional Treatment.—The marked dependence of the condition of the wound upon the state of the general health rendered necessary the continuous employment of supporting measures. The tincture of chloride of iron was used as a blood alterative almost constantly, either to relieve or to ward off the tendency to attacks of erysipelas. The loss of blood attending the monthly flow usually resulted in the destruction of the more recent grafts, and the growth of others which had become permanent was temporarily arrested.

Condition of the granulating surface.—Granulations which were small, florid in color, and in the first stage of their growth, were found to possess an adhesive property which was peculiarly favorable to successful grafting. After the first few months the use of stimulating applications was discontinued, because of their tendency to produce large and coarse-textured granulations. Even under the employment of simple cerate, which proved to be the best ordinary dressing, it was found necessary to repress hypertrophy of the granulations by frequent applications of lunar caustic.

Mode of transplanting.—The temperature of the apartment in which skin-grafting is to be performed should be about 70° F. In preparation for the reception of grafts, the denuded surface was cleansed with a camel's-hair brush dipped in tepid water; a method of importance, because even a slight effusion of blood was found liable to prevent union between the grafts and the granulations. A piece of skin was seized, not bruised, with a pair of fine-toothed forceps, and, when removed with curved scissors, it measured from a quarter to an eighth of an inch in diameter. The graft was flattened out upon the finger-nail, and both its surfaces were gently scraped to free them from blood, minute hairs, and loose epithelium. Having been pressed down upon, and sometimes between the granulations, the grafts were covered with oiled gutta-percha tissue, surmounted by cotton batting, and supported by a cap of cotton or flannel cloth. As a method for holding the dressing in place, strips of adhesive plaster were found to cause unpleasant pressure, and to impede the circulation of the blood. The number of grafts was only limited by the supply and the extent of the healthy granulating surface. On sixty-six different occasions, an average each time of thirteen grafts were transplanted. In accordance with the observation of others, grafts were found more likely to grow in proportion as they were placed near the margin of the wound, or adjacent to other grafts which had become permanent. The dressings were retained until the third day, and great care was required lest the grafts should be disturbed by the daily dressing of the other parts of the wound. It was observed that grafts which lived and became permanent, but did not grow, retained very closely their original appearance, while others, which did grow, could not be distinguished from the outgrowth of fibro-cellular tissue which surrounded them. When the grafts were placed in near proximity, the newly formed skin appeared to be stronger, and cicatricial contraction was entirely avoided. This was especially noticeable in the treatment of an ectropion of the right upper eye-lid.—*Medical Record*.

ABSTRACTS AND GLEANINGS.

Otorrhœa.—Since the results of a chronic purulent otitis media are or may be so appalling, the question of the proper treatment becomes a very urgent and important one, and it will not do for any physician into whose hands a family have intrusted themselves in good faith, relying upon his knowledge of disease, to say, as I have too often heard, "Well! I don't know anything about ear diseases, and I don't want to."

This disease is usually very easily diagnosticated and the rationale of the treatment is very simple: cleanse the ear thoroughly with syringe and absorbent cotton, and inspect it through a speculum with reflected light. A speculum may be bought for fifty cents, and in these days every physician should have a laryngoscopic mirror, but if you haven't, take a bit of looking-glass and scrape a little hole through the silver. With this simple reflector you can light up the meatus so that you can tell whether its walls look healthy or not, and if they do, you can reason by exclusion that the middle ear is affected, though you do not get a satisfactory view of the drum membrane.

Usually a hole in the ear drum can be seen and distinguished, but often it cannot. It may be in the lower anterior segment, out of sight, around the bend in the external meatus; or the drum membrane may be inflamed and discolored so that you are not sure whether it is drum membrane which you see or the internal wall covered with mucous membrane. Sometimes you can diagnosticate a perforation by listening closely while the patient inflates the Eustachian tube and middle ear by the Valsalvan method. If a perforation exists and the Eustachian tube is pervious, you will hear the whistle of the air as it passes through. I have read somewhere of putting a light bit of cotton in the ear in such cases and expecting to see it blown out, but this experiment has never succeeded under my observation. If you cannot hear the whistle of air, and are still in doubt, drop a little warm water into the ear and watch it through the speculum while the patient inflates the ear, and you may be rewarded by seeing bubbles of air break through the water. Of course, if you have a Politzer bag you won't linger over the Valsalvan method, and one pull through a Siemen's speculum settles the cases, but I am not supposing that you have an Otologist's armament.

Having established your diagnosis, the treatment comes next. You want to restore that mucous membrane to its normal condition, where it is possible, and induce a cicatrization of ulcerated surfaces. The first need is cleanliness, and cleanliness without violence. For this you will need more tools. A mirror on a head band, which leaves both hands free, is absolutely essential; no one has any business with a purulent otitis media without one. After syringing the ear long and carefully, dry it out with absorbent cotton, under your eye. You must always look and see where you are going, the structure of the ear is too delicate for blind poking. Patients and friends cannot cleanse an ear, you must do it yourself, or it won't be done. I know one man who

after fifteen or twenty years' practice can cleanse his own ear. He puts a piece of slender flexible rubber tubing on the nozzle of his syringe and inserts that into his ear; as he has no ear drum, the way is clear to the bottom of the hole. After pumping from a pint to a quart of water through this, he dries his ear with absorbent cotton on a cotton holder, and this he can insert clear into the middle ear. As he does this every day, no pus collects and hardens. This is the single exception that proves the rule that no man can cleanse his own ear.

After the ear is clean, the question of what application to make comes up, and here a pretty wide choice presents itself, and the very variety of the remedies which have been mentioned only proves that no one has been found entirely satisfactory. I more frequently begin with blowing in finely powdered alum than in any other way, and repeat this every other day. I often, when this fails or seems to have too little effect upon the inflamed membrane, use finely-powdered iodoform or iodoform and alum. The great objection to iodoform is its odor, and this becomes very disagreeable in using iodoform in this manner. When one puffs a cloud of iodoform in a patient's ear, the return blast loads his mustache with the powder, and he carries it under his nose the rest of the day.

Some medical journals, a few months ago, vaunted boracic acid as the application in purulent otitis media, but in my hands it has not proved a specific by any means, but a useful variation. These powders act better when the drum membrane is almost entirely destroyed, I think, and a puff applies them thoroughly to every part. When the perforation is small and in the upper part of the membrane, the case presents peculiar difficulties. It is very difficult to cleanse such an ear, and here especially, after syringing thoroughly, it is beneficial to blow through the Eustachian tube by Valsalva's method, or the air bag, to force the middle ear fluids through the perforation in the external meatus, where they can be wiped out with cotton. In such cases I have had the best results from the use of strong solutions of nitrate of silver .10 to .15.

After cleansing the ear by all ways as thoroughly as possible, I have the patient lie on the side, with the affected ear uppermost. Then with a pipette introduced well into the ear, I drop in 10 to 15 drops. I then pull and work the ear so as to churn it down clear into the middle ear, and be sure that it reaches every part. After leaving it a few minutes, I draw out what I can with the pipette, and put in a little pure warm water, then pump this out and put in some more, finally I drop in a solution of salt to decompose the nitrate of silver that may be left. The principal object of this procedure is cosmetic. Should the patient arise with an ear full of a .15 solution of nitrate of silver, a long, dirty-brown streak from ear to shirt collar would confront you at the next visit. Sometimes you have the good fortune to see a perforation close up, which is a consummation most devoutly to be wished, as this protects the mucous membrane of the middle ear from external irritants. If the drum membrane does not close up and the secretion stops, it is best to wear a loose fledge of cotton for a protection.

Dr. Howe spoke very highly of permanganate of potash in solution, for purulent otitis media, in a paper published some time ago. He gave it to the patients for ear drops. I used it some, but the patients

objected to the stains left by this salt on everything it touched, and in my hands it did not prove as efficacious as I had hoped it might from the statistics given in its favor.

Where patients cannot come to the physician for treatment, they should provide themselves with a good ear syringe and keep the ear as clean as possible. If all the pus and mucus is not removed, it can be kept fluid and wholesome, so that none will be blocked in behind dry hardened masses, and the penetrating odor, which makes so many running ears an offense to the whole household, will be prevented. Should mastoid-cell complications arise, an incision should be made into the mastoid at once with strong knife or trephine.—Dr. Abbott, in *Buff. Med. and Surg. Journal*.

The Use of Quebracho in Dyspnœa.—Dr. Andrew H. Smith, chairman of the Committee on Restoratives of the Therapeutical Society of New York, has submitted, on behalf of the committee, a report, founded on clinical data, on the use of quebracho in dyspnœa, which is published in the "New York Medical Journal and Obstetrical Review" for September, 1881. Of the thirty-two cases covered by the report, eleven were of spasmodic asthma, with or without emphysema and bronchitis. Of these, in nine cases the dyspnœa was notably relieved. In two cases of asthma associated with bronchitis no benefit resulted. One patient with emphysema and bronchitis without asthma was relieved. One with bronchitis with obesity was not relieved. Two with mitral insufficiency were not relieved. One with mitral stenosis was not relieved. One with hypertrophy with dilatation was not relieved. In two cases of cardiac disease (form not stated) the dyspnœa was relieved. In one case of fatty heart there was slight relief. Two patients with dyspnœa depending upon Bright's disease, in one of whom pulmonary œdema was noted, were relieved. In one case of aortic aneurism the dyspnœa was relieved till near the close. In one case of tonsillitis the dyspnœa, partly nervous, was relieved. In one case of cancer of the lung dyspnœa was relieved. In two cases of pneumonia it was relieved. One patient with hysterical dyspnœa was relieved. In one case of catarrhal phthisis, second stage, the dyspnœa was relieved. In one case of catarrhal phthisis, third stage, it was not relieved. In one case of intermittent fever with old pleurisy, the patient being an opium-eater, the dyspnœa was increased. Thus the thirty-two cases of different diseases in which dyspnœa formed a prominent feature, this symptom was relieved to a greater or less extent to twenty-one; not relieved in ten: aggravated in one. In some instances the treatment was not pushed far enough to give a decisive result. It is possible that the nausea observed in some cases might have been avoided by the use of smaller doses, and perhaps a favorable result obtained. The fact that dyspnœa depending upon such a variety of causes may be relieved by quebracho points, says the writer, to the respiratory center as the seat of its action. Apparently it blunts the sense of want of air, and thus mitigates the suffering from a deficient supply. But this action is not necessarily only palliative. Exaggerated respiratory efforts are often in themselves an evil, not only on account of the muscular effort expended, but from the aspiration of blood into the thoracic viscera, which results espe-

cially when the dyspnoea is caused by narrowing of the air-passages rather than by solidification or compression of the lung. Hence in many cases an agent which will moderate the violence of the respiratory movements will not only lessen the distress of the sufferer, but will increase the chances of his recovery. That quebracho will often very promptly fulfill this indication there seems to be no room to doubt, while as yet there is no evidence that it is liable to produce unfavorable after-effects. The extremely disagreeable taste of the medicine and its tendency to produce nausea are, however, serious drawbacks to its use by the mouth. As yet, we have no record of its employment by the rectum. If the active principle is isolated, so that it can be used hypodermically, a great advantage will have been obtained.—*Va. Med. Monthly.*

Aspiration of the Gall-Bladder.—Dr. P. H. Kretzschman reports a successful case in the Proceedings of the Medical Society of the County of Kings, September, 1881, of which he says:

Five times has the gall-bladder been aspirated; thirty-four ounces and a half of bile have been removed within one month. At every operation the patient felt much relieved, and since the first withdrawal of bile the constitutional symptoms diminished in severity. At no time did the operation itself place our patient in danger, and, generally speaking, there was no pain attached to it.

The following generalizations he appends to his paper:

1. The operation can be performed with safety without taking particular precautions in uniting the walls of the gall-bladder with those of the abdomen.
2. The operation can, therefore, be done as soon as the diagnosis of a dilated gall bladder has been made, if, from its size, there seems to be danger of rupture, or if the patient suffers much pain. Aside from these conditions, when aspiration should be resorted to without hesitation, the question presents itself whether it would not be good practice to evacuate the contents of a distended gall-bladder under all circumstances, simply to remove the superfluous bile, which, being cut off from its natural destination, is bound to be re-absorbed by the lymphatics, carried back into the circulation and produce, to a greater or less degree, a condition which is generally known as "cholæmia."
3. A very fine trocar, such as would not be of much value, in case of simple puncture, can be employed, and by means of suction even a tenacious fluid can be removed from the gall-bladder.
4. The insertion of a small trocar or an aspirating needle is almost a painless procedure.
5. In case of doubt as to the presence of gall-stones, a flexible probe can be passed through the canula and used as a sound.
6. Aspiration being a safe and painless operation, it can be employed for the purpose of aiding diagnosis.

The rules for performing the operation are thus formulated:

1. Aspiration should not be delayed, but resorted to as soon as the diagnosis of distended gall-bladder has been made.
2. A good-sized aspirating needle or a fine trocar should be used.

3. The instrument should be introduced into the gall-bladder at a point as high up and as near to the border of the liver as possible.

4. On withdrawing the instrument, the punctured wound in the abdominal wall should at once be closed by some kind of a plaster, or by the introduction of a stitch.

5. The operation should be repeated as often as the gall-bladder becomes distended again.

6. The common rules of surgery, as to cleanliness, etc., should be strictly adhered to.—*Medical Herald*.

The Treatment of Ranula.—An important discussion took place before the Societe de Chirurgie on the treatment of ranula, in which nearly all the members took part. M. Deleus recited a case in which the cyst was excised and cauterized, but at the end of two months it returned. This fact, he believed, resulted from the migration of the sub-lingual ranula through the muscular fibres of the floor of the mouth and developing a cyst in the buccal cavity.

M. Trelat for many years excised with the scissors in the case of small ranulæ, and when they were more voluminous he treated them by puncture and the injection of iodine.

M. Despres treated every kind of ranula by the drainage, and always with success.

M. Verneuil observed that he tried many methods in the treatment of ranula, but with varied success. He adopted the plan of slow section, for which purpose he passed a curved needle charged with a double thread of silver wire through the cyst, and united both ends in a firm knot. In five or six days the section was effected.

M. Labbe did not doubt the success obtained by M. Despres by his method, but he considered that to keep a seton in the mouth for six months to cure a ranula constituted a veritable infirmity.

M. Despres, in replying, said that he never knew a patient to complain of it.

M. Le Dentu said that M. Auger employs the injection of two drops of chloride of zinc in the deliquescent state into the cyst without previously evacuating it. This treatment always succeeds; there follows a sharp inflammatory reaction, but it is by no means dangerous. The inflammation subsides in five or six days, and at the end of ten days the cure is complete. For small ranulæ one drop of the liquid suffices, and if the cyst is very voluminous it is preferable to draw off a little of the contents before introducing the chloride of zinc.

M. Gilette could not agree with M. Le Dentu in considering that chloride of zinc was not attended with danger and that it was always successful. He had seen M. Auger at the Hopital Beaujon inject three drops, and the pain was so intense that the patient tried to jump out of the window; and after all the cyst returned and was eventually excised.—*Med. Press and Circular*.

Treatment of Chorea.—At the end of a paper on chorea, based upon an experience of one hundred cases, Dr. William Strange speaks of the treatment, saying that the changes must be rung on the so-called nervine tonics, varying them according to the temperament of

the child or to the collateral symptoms accompanying the choreic movements. If pallor, palpitations, and loss of weight exist, iron or arsenic, or both, will be necessary. If, on the contrary, the vascular system be sufficiently full and the motile element prevails, then the bromides with ammonia, or the succus conii will be of most avail. Frequently, whatever the condition of the vascular system and of the general nutrition, no good arrives until we have succeeded, by sedatives, in calming the excessive mobility of the nervous system. In these cases Dr. Strange has used the ice bag to the spine and the ether spray to the nape of the neck, but not with much success. Direct calmatives—digitalis, belladonna, cannabis indica, with the bromides—answer the best.

The nervous symptoms once quieted, iron or arsenic may now be given, and carried to a somewhat high degree. Some have recommended large doses of arsenic, ten to fifteen minims of Fowler's solution; but Dr. Strange has seldom found that the stomach will tolerate these large doses, and has contented himself with much smaller ones, in combination with iron or zinc.

But, whatever the remedy selected, it will be necessary to continue its administration until it has produced its special physiological effect. Especially is this necessary with the neurotic sedatives. Children bear large doses of belladonna and conium; and Dr. Strange has never found this class of remedies do much good until these full physiological effects (consistent with safety) have been produced.

Dr. Strange used some years ago to treat all his cases of chorea with wine alone, the port wine of the hospital, merely clearing out the primæ viæ, to make sure that trouble was not caused by entozoa or depraved alvine secretions. The amount given was three to six ounces daily, and all the cases got well. After suspending this treatment for some years, he has recently recommenced it with good results.—*Med. Times.*

Medical Thermometry.—This subject has come to be regarded as one of very great importance, both in medical and surgical practice. The ordinary means of determining the temperature of the body are so very imperfect, that a considerable deviation may be present and escape observation. All abnormal temperatures denote the presence of disease, and in many cases the physician is greatly aided in his diagnosis and prognosis of a case by ascertaining the temperature of the body, and this, with the means at our command, may be determined with a nicety which is common to few other phenomena. The temperature of the body cannot be feigned or falsified, and its abnormality may decide the degree or danger of the attack. Relapses, complications, or transitions in the course of disease, may, in this way, be discovered before they could otherwise be recognized. It reveals the imminence of a fatal termination, or the impossibility of recovery. In surgery the application of the thermometer determines the practicability or possibility of an operation where there are grave doubts.

The variations of temperature, however, to be of any real practical value must be taken regularly night and morning. A single observation, while it may point out that a patient is very ill, is not by itself conclusive as to the kind of disease present. When we have extremes

of temperature we know there is great danger. For example, temperatures below 96.6F. are *collapse* temperatures, 92. fatal collapse. Temperatures from 100 in the morning to 104 in the evening, are *febrile* temperatures, and temperatures from 104 in the morning to 107 in the evening are *hyperpyretic* temperatures, 107 and above indicating a fatal termination. Every medical practitioner is aware of the difficulty in diagnosing at an early stage between the different febrile diseases, and it is here that the thermometer comes largely to our aid. If temperature is normal, or only slightly increased, pneumonia, scarlet fever, typhoid fever and small pox are excluded; if the temperature is high at the outset, typhoid fever, influenza, and articular rheumatism, pleurisy, intermittent and ephemeral fevers, the exanthemata, pyæmia, or meningitis, may be present.—*Canada Lancet*.

Radical Treatment of Hydrocele by Injection of Carbolic Acid.—At a meeting of the Philadelphia Academy of Surgery June 7, 1880, R. J. Lewis stated that in 1879 he had begun to treat hydrocele by carbolic acid injections, because a more plastic grade of inflammation than that obtained by ordinary injections was required, and because incision only accomplished a cure through suppuration. His method is to withdraw the fluid by an ordinary trocar, and then introduce the long nozzle of a syringe through the trocar into the vaginal sac. By this means the carbolic acid is thrown into the cavity, and there is no danger of its being injected into the cellular tissue of the scrotum. The carbolic acid crystals are merely liquefied by slight heat, or by a few drops of glycerine. To keep the injecting fluid ready for use at all states of temperature, about ten per cent of glycerine or water may be added to the crystals. The amount of carbolic acid which Dr. Lewis injects is one-half a fluid drachm, and this is allowed to remain in the vaginal tunic.

The operation is almost, if not entirely, painless, because of the local anæsthetic action of carbolic acid. The patient sometimes exclaims at the moment of introduction, but has a sensation of numbness rather than of pain. The pain, when tincture of iodine is employed, is much greater. Care should be observed to allow no acid to flow upon the external surface of the scrotum, for pain and inflammation will follow such contact.

After the injection the patient is permitted to walk about the house until the weight and slight soreness of the scrotum cause him to lie upon a bed or lounge. The results of this method of treatment are excellent, for undue inflammation does not occur, there is no marked pain, and a radical cure generally ensues. Dr. Lewis has never seen suppuration or sloughing follow this manner of dealing with hydrocele.—*Phila. Mdd. Times*.

Two Yards of Intestine Removed.—A Paris letter in an English contemporary describes a remarkable case in the practice of Dr. Kœberle, of Strasburg:

The patient, a young woman, aged 22, had been subject for some years to acute attacks of abdominal pain, and on two occasions there had been symptoms of obstruction, which had, however, been overcome by the use of enemata. Since that time (October, 1880) the

pain had been most constant and severe, not remitting day or night, and at times so intense that it could scarcely be soothed by hypodermic injections of morphia. Gastrotomy was performed on November 27th, 1880, and four narrowings were found in the bowels, one being only four millimeters in width. These strictures were distributed over two yards of gut (2 meters .05), which was excised between two ligatures at each extremity, the vessels of the mesentery being secured by twelve ligatures. The ligatures of the ends of the intestine were then tied together so as to place the gut in the most favorable position for enterotomy, which was performed on the third day. The parts beyond the ligatures came away between the 12th and 15th days, and on the 20th the first alvine evacuation occurred. Five days later a band of strapping sufficed to prevent food or gas passing through the wound, which had entirely healed in six weeks. The operation was not performed antiseptically, and the temperature never rose beyond 38° Centigrade. During convalescence, and from the third day, the patient was fed by the mouth, with solid and substantial food—bread, meat and eggs—sufficient liquid being given for the purpose of digestion only, the thirst being assuaged by injections of water in the rectum, seventy such injections having been made in the twenty days. The young woman, who is now quite well, has no pain or digestive trouble of any kind.—*Med. and Surg. Rep.*

Treatment of Eczema of the Hand.—A case of this refractory disease is reported in the Dublin Medical Journal, by Dr. A. W. Foot:

The patient was twenty-two years old. The disease was confined to the back of the hand and the clefts between the fingers, where were many fissures, the viscid secretion issuing from which formed crusts with a pustular aspect. The pruritus was very severe.

Each finger and the entire hand were wrapped round with strips of old linen soaked in a mixture of lead lotion and glycerine, and the whole then sealed up in gutta-percha paper. As the itching had quite broken her sleep at night, she had, for two or three nights, taken draughts with potassium bromide ʒss and chloral 15 grs., in chloroform water, and she was ordered ʒm of Fowler's solution in tincture of bark three times a day after meals. As there was no reason to starve her, she was given meat and porter every day.

The inflammatory action was soon moderated by the lotion, which was applied fresh every day, and the hand sealed up again after having had a jug of cold water poured over it. It was kept in a sling; the perfect rest obtained by slinging the muffled hand, and the exclusion of the air by the careful sealing up of the gutta-percha cover, are points to be attended to. Whenever the hand was let hang or rest in her lap, it got hot, heavy and swollen, and began to throb. After three days of this treatment the heat, redness and itching had abated; then a thirty grain solution of nitrate of silver was carefully painted all over the back of the hand and fingers, from the wrist to the margin of the nails, avoiding the latter, and sealing up and slinging continued. In a few days she got a strong lotion of iodide of potassium to remove the blackening effects of the nitrate of silver, which it is quickly doing, and the sealing of the hand was discontinued. The arsenic had

to be omitted for a few days in consequence of gastric irritation. The note of June 8th (she was admitted May 26th), is—she “has great use of the hand,” and it is white, dry, and quite free from itching.—*Med. and Surg. Rep.*

Poisoning by Strychnia.—Dr. Bartholow, in New York Medical Record, says:

1. That after a fatal dose of strychnia, life may be saved by bringing the animal under the influence of chloral hydrate.
2. That chloral hydrate is more likely to save life after a fatal dose of strychnia than strychnia is to save life after a fatal dose of chloral hydrate.
3. That after a dose of strychnia, producing severe tetanic convulsions, these convulsions may be much reduced, both in force and frequency, by the use of chloral hydrate, and consequently, much suffering saved.
4. That the extent of the physiological antagonism between the two substances is so far limited that a very large fatal dose of strychnia may kill before the chloral has had time to act, or so large must be the dose of chloral hydrate to antagonize an excessive dose of strychnia that there is danger of death from the effects of the chloral hydrate.
5. Chloral hydrate mitigates the effects of a fatal dose of strychnia by depressing the excess of reflex activity excited by that substance, whilst strychnia may mitigate the effects of a fatal dose of chloral hydrate by rousing the activity of the spinal cord; but it does not appear capable of removing the coma produced by the action of chloral hydrate on the brain.

Aromatized Glycerine and Its Uses.—The following is Professor Jaccoud's formula—

R	Glycerine.....	40 grams.	
	Rum or cognac.....	10 grams.	
	Essence of mint.....	1 drop.	M.

This mixture, which is of an agreeable taste, is well tolerated by the stomach, so that after several months of its uninterrupted employment it gives rise neither to satiety nor disgust. The addition of the alcohol has simply in view the modification of the insipid taste of this drug, and to aid in its digestion. Its dose would be quite insufficient as an alcoholic medication. The quantity of glycerine mentioned in the formula is the minimum daily dose, and it may be increased to fifty or sixty grams. This last quantity, however, should not be given except to persons who present no sign of abnormal excitement of the nervous system or of the action of the heart. Moreover, whenever there is any agitation or unusual loquacity, obstinate sleeplessness, or a persistent elevation of temperature (in the absence of any pyretogenic incident) of 0.5°C . in relation to the mean temperature of the period prior to taking the glycerine, it will be an indication that the serviceable dose has been exceeded. Glycerine should be employed for the purpose of stimulating the digestive functions, and saving the

waste of tissue during the non-febrile period of phthisis, when cod-liver oil has ceased to be tolerated. The dose of aromatized glycerine should be divided into two or three takings.—*Med. and Surg. Reporter.*

Enlarged Spleen.—A Texas correspondent of Gaillard's Medical Journal states that the following drugs have proved most effective in this very common affection: "First, in importance, is, we believe, the iodide of manganese, in one or two grain doses. The tincture of iodine, in ten-drop doses, *ter die*, until its constitutional effects are manifested, is, we think, of great value. A large blister over the affected organ, and repeated as rapidly as possible six or eight times, was of great benefit to the writer; but it is difficult to persuade patients to submit to more than one blister while able to go about and attend to their daily business. The muriate of ammonia in five grain doses, is another valuable remedy. But, with one and all of these, we often fail to find any reduction in the size of the organ or in the tenderness over its site. One remedy that we should have mentioned as often beneficial, is oil of black pepper, in combination with prussiate of iron."

He fails to mention the internal administration of arsenic, and injection of fluid extract of ergot into the organ, as recommended by Hammond.—*Clinical Record.*

A Resurrection.—Bucharest papers relate the following incident: A young woman died of small-pox, and, pursuant to police regulations in times of epidemics, the body was interred without loss of time. The girl had been engaged to be married, and, accordingly, the relatives had adorned the body of the deceased with the jewels that had been presented to her. These trinkets aroused the cupidity of three individuals, who resolved to desecrate the tomb. The grave was opened, the body taken out, and the jewels removed. During these procedures one of the robbers was, by his companions, accused of cowardice, and to disprove the assertion he launched a terrible blow at the dead girl. The effect was magical; the supposed corpse assumed the sitting posture and begged for mercy; the robbers, however, fled terror-stricken in hot haste. The girl arose and with trembling steps sought the dwelling-place of the curate, who, after a preliminary scare, finally comprehended the situation, and volunteered to prepare her relations for the news. Joy reigned supreme. In consideration of the service they had rendered the robbers were not prosecuted.—*N. Y. Med. Record.*

Prizes Worth Striving For.—The Royal Academy of Medicine of Brussels announces a prize to be awarded in January, 1884, of eight thousand francs (\$1,600), for the best explanation of the pathology and therapeutics of the diseases of the nervous centers, especially epilepsy, illustrated by clinical data and experiments. If the essayist is successful in making a decided advance in the therapeutics of such diseases; if, for instance, he discovers a successful treatment for epilepsy—he is to receive, in addition to the sum above stated, a second sum of twenty-five thousand francs (\$5,000). This.

money has been placed in the hands of the Academy by a person who does not wish his name to appear.

In Italy, the Academy of Medicine of Turin offers a prize of twenty thousand lire (\$4,000) for the best essay on "The Physiopathology of the Blood." This is the Riberi Prize, and is open to the world, but the essay must be either in the Latin, French or Italian tongue.—*Med. and Surg. Rep.*

A Case of Prolonged Somnolence that may serve as a companion-piece to that of the sleeping Hungarian in Pennsylvania, is reported from one of the hospitals of Niederweised, in Germany. The twelve-year-old daughter of an inn-keeper fell into a deep trance in March, 1880, and continued in that condition for the entire remainder of the year. No medicine was given her, and the small quantity of nutriment that was prescribed had to be administered by forcing her mouth open. She had normal sleep at night, but during the day lay wholly motionless, and apparently without sensation or consciousness. At first much emaciated, her appearance subsequently became fresh and healthy. About the beginning of the present year she suddenly recovered her power of speech, and was soon wholly restored in other respects. She is now entirely well. It is also said that during the whole period of her suspended animation she was fully cognizant of everything that took place about her.—*N. Y. Med. Record.*

Morbus Coxarius Treated by the Physiological Method.—Dr. J. C. Hutchinson (*American Journal of Medical Science*, January, 1879), advances the view that to secure immobility of the diseased joint, and to obtain extension of the limb, no apparatus is required. He simply attaches to the sole of the shoe of the sound limb a steel plate corresponding to the sole of the shoe, and attaches to it by two or three upright rods, two or three inches in length, so as to raise the foot from the ground. It is the shoe ordinarily used for the shortened leg. This elevated shoe and a pair of crutches constitute the entire apparatus. Extension of the limb is made by its own weight, also immobility, while with his crutches the patient can have plenty of out door exercise. The doctor's experience warrants the expectation that this plan of managing coxalgia will shorten its duration more decidedly than can be done by the older methods of treatment. The apparatus is simple and inexpensive.—*Detroit Lancet.*

Ergot in Tuberculosis.—A writer in the Cincinnati *Lancet* and Clinic suggests, on theoretical grounds, the use of ergot in the early stages of tuberculosis, with a view to prevent the formation of tubercular deposits. "We know," says he, "that ergot contracts blood vessels. Could it not be possible that, by giving ergot as soon as we are aware of tubercular matter being formed, it would contract the blood vessels and prevent the exudation and somatic condition of the blood vessels' walls? Even if ergot is given later on in the disease, and deposits have taken place, if we can stop the further progress of the disease, the deposits that have already been formed are likely to undergo fatty or calcareous degeneration, and do no harm. It might

be possible that by the action of ergot in conjunction with alcohol and cod-liver oil, it might be of some benefit, if nothing more."

We hope he will try it, and then let us know the result.—*Med. and Surg. Reporter*.

The Treatment of Erysipelas.—Dr. W. Thackeray, of this city, (Philadelphia) says, in the *Therapeutic Gazette* for August, 1881, the idiopathic variety, which also indicates the so-called phlegmonous, has proved in his hands a very tractable disease, and he has witnessed and treated some of the most distressing and violent attacks possible to occur. All that is necessary locally, says he, is to keep the parts affected well covered with a cloth wetted with a saturated solution of sodium chloride, and constitutionally to administer a refrigerant of citrate of magnesia, made extemporaneously, from the sulphate and lemon juice. This plan, with a light farinaceous diet, will cut short the most violent attack, and will leave the patient without the unsightly scars that remain as a sequel to the more energetic course generally adopted.—*Med. and Surg. Rep.*

Common Bread Poultice.—Dr. William S. Savory (*British Medical Journal*, August 9, 1879), says that again and again has he been driven to return to the use of the common bread poultice, by the fact that it fulfilled certain conditions better than any of its rivals. A well-made bread poultice preserves ample moisture and equable warmth, it is everywhere very soft, and adapts itself with singular uniformity to all irregularities of surface. In my experience this homely article more frequently draws from the patient the word comfort than any other form of dressing.—*Detroit Lancet*.

The Reported Death of Dr. H. S. Tanner, at Amsterdam, Holland, which gained such wide-spread publicity, was either a sheer fabrication or some other person attempted to personate him in Europe.

The real Dr. Tanner, of fasting fame, is not dead, but is now actively engaged in the practice of his profession, in Corry, Pennsylvania. We received a letter from him a few days ago, in which he says, "I see you have been interviewed as to the story going the rounds of the press that I died in Amsterdam. Well, if you are inquired of further in regard to this matter, you can be very emphatic in branding the story an *Amster-DAM* lie."—*Mobile Tribune*.

Dangers of Tents.—At a meeting of a New York Obstetrical Society, Dr. T. A. Emmett said that in his experience dangerous consequences were especially liable to follow the use of tents in nervous and hysterical subjects. He referred to a case that he had reported last winter, in which trouble did not occur until the seventh day. The patient should never be allowed to get out of bed until the next day after the removal of the tent. In spite of all precautions, he always felt, when about to use a tent, that he was endangering his patient's life.—*N. Y. Med. Journal*.

Purgatives by Hypodermic Injection.—It has been found (Paris Medical) that hypodermic injections of aloin (the alkaloid of socotrine aloes) will cause purgation when used in doses of one twenty-fifth of a grain. We can thus, by combining apomorphia and aloin, produce an action each way without having to introduce anything into the stomach.—*Western Lancet*.

Fish Bones in Pharynx.—It is said that "fish bones lodged in the pharynx are rendered flexible, and are finally broken up by a mixture of hydrochloric acid (four parts) or nitric acid (one part to two hundred and forty parts of water), used as a gargle, the teeth being protected by oil or lard."—*Ex.*

For a Dinner Pill.—Fothergill, in London Practitioner. Ipecacuanha forms a portion of a good old-fashioned dinner-pill; and betwixt its direct action upon the gastric mucous membrane and its action on the liver as an hepatic stimulant, it must come into use again before long. A dinner-pill of

Pulv. ipecacuan..... gr. j,
Strychniæ gr. 1 20,
Ol. pip. nig..... m ij,
Pil. al. et myrrh..... gr. ijss.

Every day, will often produce excellent effects. Then arsenic may be taken, as three drops of Fowler's solution after dinner, or in the above pill, substituting the same dose of arsenic for the strychnine.—*Can. Jour. Med. Sci*

Gonorrhœa.—The sulpho-carbolate of zinc has been extolled by Dr. W. T. Parker, of Mass., as an injection in gonorrhœa—

R Zinci sulpho-carbolatis..... ʒj,
Mucilag. acac..... ʒj,
Extract opii aquosi..... ʒj,
Aquæ..... ʒvj.

M. Use as injection, night and morning.

Hydrastis still finds advocates. Bartholow recommends a drachm of hydrastia (the alkaloid) to four ounces of mucilage of acacia, and has found no injection so uniformly successful. Phillips prefers an injection made by adding one or two drachms of the tincture to a pint of water, and of this orders a syringe-ful to be injected up the urethra every half hour for seven or eight hours for two or three days.

In the Bull. Gen de Therapeutique, 1880, Dr. Pasqua reports four cases of gonorrhœa in its early stage treated with a chloral solution—

R Chlorali hydrati..... gr. vj,
Aquæ rosæ..... fl. ʒj. M.

Two urethral injections daily were used, the fluid being retained a few minutes in the urethra. Improvement began in four or five days, and the discharge ceased in eight or ten days. No unpleasant sequelæ appeared.—*Med. and Surg. Rep.*

SCIENTIFIC ITEMS.

New Electrical Devices in Fire-Engine Houses.—A Western paper says that the engine-house of No. 9, Cincinnati, is fitted up so as to show in a most remarkable manner the use of electricity. In the sleeping-room the beds, instead of being ranged against the wall, are placed in the same relation to each other as the spokes of a wheel. Running through the centre of each collection of coverlets, and attached to the under one, is a brass fastening, and from this leads a stout white cord, that, with the others joining in a common centre, forms a rope that passes up through the ceiling, where the other end, riding over a grooved wheel, is made fast to an eighty-pound weight. At the initial movement of the "little joker," that begins its round while the alarm is being sent in from the box to the tower, a catch releases the weight, and at the same instant the bed-clothing is dangling in a united bunch half-way to the ceiling. The time used, therefore, by the men in disengaging themselves from the coverlets is saved, and the amount, while in itself, when added to the other second saving devices, becomes an important factor. The service rendered by the "little joker" seems almost incredible. Operated by electricity, it performs the following wonderful feats, all of which are done simultaneously: Registering the number of the box from which the alarm is coming, and before it is sounded on the bell; it swings a bracket under the engine-boiler, and, turning on the gas, sends a half-inch-in-diameter jet a foot high through the well-seasoned kindling; the stable doors are thrown open, and at the same time a revolving wooden bar at the rear of each stall, and to which are affixed rawhides, turns rapidly, giving the horses an incentive to vacate as quickly as possible. Meanwhile, the trap-doors, thrown back by the same means, make clear the descent on slippery poles to the firemen, from whom the coverlets have been snatched. Similar electrical contrivances are in use in the Cambridge engine-houses in this State.—*Boston Journal of Chemistry*.

Balloons in Submarine Work.—That the balloon should be of any service in submarine operations might strike one at first as a thoroughly Hibernian idea; but, according to foreign journals, an experiment lately made in the port of Kiel proves that heavy weights may be readily lifted from the bottom of the sea by this novel means. The balloon is made of canvas and metal plates, with an attached cistern containing carbonic acid gas compressed to a liquid state. When made fast to a sunken object, the communication between the cistern and the balloon is opened; inflation takes place; the sunken vessel, or whatever else it may be, is lifted, and can be towed away at pleasure. In the experiment at Kiel, an anchor-stone weighing 15 tons was thus lifted from a depth of 32 feet. The lifting power of the balloon, 10 feet in diameter, is said to be more than one hundred tons.—*Boston Journal of Chemistry*.

How Long Should We Sleep?—The vital processes of man, like those of all his fellow creatures, are partly controlled by automatic

tendencies. Some functions of our internal economy are too important to be trusted to the caprices of human volition; breathing, eating, drinking, and even love, are only semi-voluntary actions; and during a period varying from one-fourth to two fifths of each solar day the conscious activity of the senses undergoes a complete suspense; the cerebral workshop is closed for repairs, and the abused or exhausted body commits its organism into the healing hands of Nature. Under favorable conditions eight hours of undisturbed sleep would almost suffice to counteract the physiological mischief of the sixteen waking hours. During sleep the organ of consciousness is at rest, and the energies of the system seem to be concentrated on the function of nutrition and the renewal of the vital energy in general; sleep promotes digestion, repairs the waste of the muscular tissues, favors the process of cutaneous excretion, and renews the vigor of the mental faculties. —*Popular Science Monthly*.

The Painlessness of Death.—At birth the babe undergoes an ordeal that, were he conscious, would be more trying than a most painful death; yet he feels it not. Born in an unconscious state, the brain incapable of receiving conscious impressions, his entrance into this hitherto unknown world, is accomplished during a state of oblivion, known as Nature's anæsthesia:

"Painless we come, whence we know not—
Painless we go, whither we know not!"

From the earliest period of human history, death has been considered as necessarily accompanied by pain; so general is this belief, that the terms "death-agony," "last struggle," "pangs of death," etc., have been in almost universal use in every age and under all conditions of society.

Nothing could be more erroneous; the truth is, pain and death seldom go together—we mean the last moments of life. Of course, death may be preceded by weeks or even months of extreme suffering, as occurs during certain incurable diseases.—*Ibid*.

Rendering Cotton Goods Uninflamable.—Dr. Kedzie, of the State Board of Health of Michigan, in a recent address before a sanitary meeting in that State, made the very excellent suggestion that cotton fabrics—with special reference to articles of clothing—could be prevented from taking fire by the simple expedient of adding a little borax to the starch with which the goods in question are dressed. The quantity recommended is a teaspoonful of borax to each pint of starch after the latter is dissolved in water. The use of borax is entirely unobjectionable, being quite harmless and very cheap. The speaker showed by experiment that muslin, and even the most gauzy and inflammable textures, when treated with the borax starch, could not be made to take fire and burn with a blaze; and he most properly inferred that if cotton dresses and underclothing of women and children were prepared by this simple method, many distressing accidents and frequent loss of life from the accidental ignition of clothing might be prevented.—*Drug. Cir. and Chem. Gaz.*

PRACTICAL NOTES AND FORMULÆ.

Dry Catarrh.—In those conditions of the nasal membrane, where there is a tendency to accumulation of inspissated mucus, there is usually so much induration of the membrane, as to make it well-nigh insensible to ordinary vapors, or even medicated fluids. In such cases I have often been able to secure much comfort to my patients by having them use the following compound cubeb snuff:

R	Pulv. cubebæ.....	3j,
	Pulv. sacchari alb.....	Oj,
	Pulv. sanguinariæ.....	gr. lxxx,
	Pulv. g. camphoræ.....	} aa gr. L,
	Acidi carbolici, (cryst).....	
	Olei rosmariui.....	mij,
	Olei gaultheriæ.....	mviiij,
	M. ft. pulveris.	

Sig. Use a small quantity, as a snuff, every three hours.—M. F. C. in *Medical Herald*.

Painful Micturition.—Dr. Bush, in *Medical Times*, says: Two inquiring friends ask, "What will relieve the severe pain caused by urinating during the acute stage of gonorrhœa?"

Answer.—The cause of this pain is both mechanical and chemical. The urethra is highly sensitive, and its caliber very much reduced, as a result of the inflammatory swelling; and the passage of a stream of urine forcibly dilating this inflamed and contracted canal, together with the action of the acid and irritating salts contained in the urine, combine to produce the pain. We may, in a great measure, overcome this difficulty by the use of the following formula, which acts as an antacid, anodyne and demulcent:

R	Tinct. hyosciami.....	3ix,
	Potass. bi-carb.....	3ij ss,
	Muscilag. acacia, q. s.....	3vi.

M. Sig. One tablespoonful every three hours.

Anti-emetic.—Dr. Randolph, in *Medical Brief*, suggests the following:

R	Creasote.....	20 drops,
	Acet. acid.....	40 drops,
	Morph. sulph.....	2 grains,
	Aq. puræ.....	2 ounces.

M. Sig. Dose for an adult, teaspoonful in a little water.—*Chicago Med. Times*.

Iodide of Potassium in Typhoid Fever.—Writing in the *Pacific Medical and Surgical Journal*, for November, 1880, Dr. Oatman announces that iodide of potassium is "as much a specific in typhoid as quinine in intermittent fever." His exact plan is this:

An adult with uncomplicated typhoid fever, may take five grains of

iodide of potassium every three hours, in a little sweetened water. Also every three hours one dessertspoonful of the following recipe, viz:

R	Ol. terebinth.....	}	aa f. 3i,
	Tinct. anisi.....		
	Vitel. ovi		No. ij,
	Sacchari.....		3ij,
	Aquæ puræ ad.....		3ij.

M. Sig. This emulsion may be taken between the doses of the iodide.—*Med. and Surg. Rep.*

Hemorrhoids.—Dr. Todd, in the St. Louis Courier of Medicine, suggests, after a mild laxative, the following remedy for piles:

R	Iodoform.....	3i,
	Balsam peru.....	3ii,
	Cocoa butter and white wax, of each.....	3iss,
	Calcined magnesia.....	3i.

Incorporate the mass thoroughly, and divide into twelve suppositories. Insert one after each evacuation of the bowels, and oftener, if needed.—*Med. Herald.*

“C. O. D.”—The Ohio Medical Journal gives the following story as told by a Dayton, Ohio, doctor who is perhaps a reader of the Michigan Medical News, from which he probably took his cue: The doctor was recently attending a case of labor in the family of one of his patrons, who, though a very excellent man, is a little slow in the payment of his medical bills. Immediately after the birth of the babe the father nervously asked: “Doctor, is the baby marked?” “Yes,” quietly replied the doctor, “it is marked C. O. D.” The hint was taken and the bill for that baby was promptly settled.—*Michigan Med. News.*

Ointment for Old Sores.—

R	Chloral and iodoform, each.....	3j,
	Glycerine.....	3ij,
	Ung. petrolii.....	3vj.

Is recommended as an ointment to promote granulation in unhealthy ulcers.—*Med. Herald.*

Luton's Exhilerant Mixture.—Dr. Luton, of Reims, has found that the following mixture produces a highly exhilarating effect, somewhat similar to that of nitrous oxide, especially in excitable temperaments:

R	Tincture of ergot.....	5 grams,
	Sol. phosphate of soda (1-10).....	15 grams.

Take in a quarter of a glass of sugared water.

This produces “a lively gaiety and uncontrollable hilarity.”—*Med. and Surg. Rep.*

Tape Worm.—Dr. McCormick suggests the following as an efficient remedy for tape worm. We have never failed with a pure article of koso, but as this cannot always be obtained we annex the prescription.

The formula and directions are as follows :

R	Castor oil.....	℥ j.
	Spts. turpentine.....	℥ j.
	Tinct. myrrh.....	℥ j.
	Worm seed oil.....	℥ ij.
	Croton oil.....	gtt. xx.

Mix.—Dose. Give from half a teaspoonful to a teaspoonful (according to the age of the child), with as much molasses, on an empty stomach, every half hour until two or three doses have been taken.—*Med. Herald.*

Radical Cure of Rupture.—The secret method of cure practiced by Dr. George Heaton successfully in one hundred and forty cases is now, after his death, published by Dr. J. H. Davenport. He injected extract of quercus alba into the hernial canal outside the peritoneal sac, to excite a mild degree of irritation in the tendons and fasciae, so as to lead to contraction. No fatal results followed nor any serious complications. It often cured, and when it failed great relief was obtained, so that a light truss sufficed to support the protrusion.—*Exchange.*

Cure of Goiter by Fluoric Acid.—Dr. Edward Woakes gives, in the *Lancet*, a detailed account of a number of cases of goiter cured by fluoric acid internally. He begins treatment with fifteen minims of a one-half-per-cent dilution of the acid three times a day, and, if necessary, increases the dose to twenty, thirty, forty, or even seventy minims, and extends the time to several months. His results are quite remarkable, even in cases that had resisted iodine, bromine, iron, etc. In a few it was conjoined with injections of tinct. iodine. Very few failed to be reasonably benefitted, and in eighty-five per cent the cure was decided.—*Med. News.*

Chronic Ulcers.—Dr. L. A. Davidson, of West Virginia, writes us that he cured an ulcer of 32 years' standing, by the application of the following—

R	Acidi tannici.....	℥j,
	Glycerinæ.....	℥ij,
	Ext. pin. canad.....	℥iv. M.

To be applied on absorbent cotton.—*Med. and Surg. Rep.*

Pruritus Vulvæ.—A drachm to five ounces of warm water, (Braithwaite's Retrospect), is a good standard strength, but a stronger solution is usually needed, seldom a weaker. Hydrocyanic acid may be added—say ʒss of dilute acid to ℥x, or morphia (gr. ij), atropia (gr. ½), aconitia (gr. ½) or veratria (gr. ½). Infusion of tobacco (half an ounce to the pint) alone relieves some cases, and forms a good vehicle for borax or boracic acid.—*Chicago Med. Times.*



EDITORIALS AND MISCELLANEOUS.

Sharpe & Dohme.—This excellent and reliable Baltimore house has an advertisement in this Journal. Be sure and examine it.

Kilner's Druggist Formulary.—We have the last quarterly supplement of this work. We regard it as the best thing of the kind now extant. See the advertisement in this Journal.

Southern Medical College.—The introductory address at the opening of the Southern Medical College on the 13th instant was delivered by Prof. Jno. Thad. Johnston, in the presence of the class and an intelligent audience of citizens. The address was an able one and was listened to with marked attention.

Unfortunate.—The bill passed by the late Georgia Legislature, designed to facilitate and legalize dissections, was vetoed by Governor Colquitt. So it is that the law-making power continues to exercise the inconsistency of holding us liable to prosecution for malpractice for ignorance of anatomy, while imposing obstacles to the only means of obtaining the required information.

ALUMIST AND NEUROLOGIST.

The title of an interesting Quarterly edited by C. H. Hughes, M.D., St. Louis, Missouri. The field entered by Dr. Hughes is a complex and difficult one, but we judge from a copy before us that he is fully competent to the task he has assumed. We wish him abundant success.

NEW JOURNALS.

Dr. Billings, in a paper read before the International Medical Congress, says that twenty-three new medical journals ceased to exist in 1879, and yet sixty new ones appeared. The great majority of the new journals which are coming out place their subscription prices at figures so low that failure, sooner or later, is inevitable. The result is that serious injury is inflicted upon journalism as a business, while medical literature is in no important degree promoted.

AMERICAN PUBLIC HEALTH ASSOCIATION.

This Association is appointed to meet at Savannah, November 29th to December 2d, 1881. We trust that the profession everywhere, and especially in our own State, will take an interest in the Association. Certainly no more important object can be found than the preservation of the public health. It lies at the foundation of all that is noble in medical science: The physician is as truly the conservator of the pub-

lic health as the officers of our country are the preservers of the peace and safety of the public. Every true physician will rise above the mere pecuniary consideration which attaches to his profession, and realize the moral responsibility which his superior knowledge in respect to disease and sanitary science gives him over all others in the community. The time is coming, and now is, when the public will look to us for the solution of scientific problems of great and inestimable importance connected with the public health. That we have so long failed to discover the hidden causes of those appalling and destructive epidemics which almost annually sweep over certain sections of our country, must soon become, if it has not already done so, an opprobrium to the boasted advances in medical science. Let, then, the profession come together and consult on every possible occasion, and persevere in their sanitary efforts until light and truth shall reward their labors.

MISSISSIPPI STATE MEDICAL ASSOCIATION.

We are in receipt of a copy of the transactions of the Mississippi State Medical Association, at the fourteenth annual session held at Winona, April 6th, 7th and 8th, 1881, an interesting and well gotten up work of 196 pages. We have space only to name the following papers: President's Address, by Dr. W. F. Hyer; Rights, Duties and Responsibilities of Physicians before the courts, by Hon. J. S. Morris; Abortive Treatment of Pneumonia, by Dr. W. Y. Gadbury; New Remedies, by Dr. B. A. Vaughan; Diphtheria, by Dr. J. B. Gresham; Recent Advances in General Pathology, by Dr. B. F. Ward; Diseases of the Gastro-Enteric Mucous Membrane in Infancy and Childhood, by Dr. R. F. Ward.

Report on the Surgery of Mississippi—By Dr. M. S. Craft.

Cases reported by Dr. Brownrigg, of Columbus; Dr. R. A. Cunningham, of Verona; Dr. R. R. Blailock, of Carthage; Dr. J. H. Blanks, of Meridian; Dr. W. D. Carter, of Ripley; Dr. S. V. D. Hill, of Macon; Dr. F. E. Daniel, of Jackson; Dr. J. M. Greene, of Aberdeen; Dr. B. F. Kittrell, of Black Hawk; Dr. L. M. Mays, of Graysport; Dr. A. P. Harris, of Edwards; Dr. M. S. Craft, of Jackson; New Appliances for Fracture of Lower Extremities, by Dr. W. Y. Gadbury; Report of Committee on Necrology, Dr. A. G. Smythe, chairman.

OFFICERS ELECT.

President—B. F. Ward, M. D., Winona.

Vice-Presidents—1st. J. P. Moore, M. D., Yazoo City. 2d. T. W. Fullilove, M. D., Vaiden. 3d. John Tackett, M. D., Richland. 4th. W. W. Hart, M. D., Lodi.

Recording Secretary—Wirt Johnston, M. D., Jackson.

Corresponding Secretary—M. S. Craft, M. D., Jackson.

Treasurer—G. K. Harrington, M. D., Jackson.

Orator—F. E. Daniel, M. D., Jackson.

Alternate Orator—T. R. Henderson, M. D., Greenwood.

The next meeting is appointed for Oxford, on the first Wednesday in April, 1882.

INTERESTING TRADE MARK LITIGATION.

The N. Y. Evening Mail, Oct. 15th, says :

Messrs. Allen & Hanburys, a drug house of London, have commenced a suit in the United States District Court, against Parke, Davis & Company, a drug corporation whose manufactory is in Detroit, but which is also located in this city, to restrain them from the use of the name of the drug "Tonga," and from further selling the drug on the ground that they have a trade mark upon the word "Tonga." The case first came up for hearing yesterday in this city before Commissioner Deuel, and it is attracting considerable interest among the drug trade, as it involves a principle which has frequently been passed upon by the courts of this State but apparently has never been definitely and specifically settled by the Supreme Court; that is, whether a party has the right to trademark the proper name of an article and thus exclude others from the manufacture of the same article, and the name having by adoption and use become the name of the article, whether others have the right to manufacture and sell the same article under the same name, the article not having been patented. This will affect many of the patent medicines and preparations for which protection is sought by registering the names as a trade mark. It is understood that when the case was brought, the complainants, as the chemical extract "Tonga" is of no considerable importance, supposed that Parke, Davis & Co. would consent to cease to use the article, and the case would be dropped. Messrs. Parke, Davis & Co., however, regarded the principle involved in the case as of vital importance to the drug trade, and therefore they will not consent to the settlement of the principle adverse to the ground taken by them by any other court than the court of final resort. Mr. Rowland Cox, of this city, appears for Messrs. Allen & Hanburys, and Mr. Frederick H. Betts; Mr. James Brooks Dill, of this city, and Judge Lothrop, of Detroit, for Messrs. Parke, Davis & Co.

BOOK NOTICES.

A TREATISE ON DISEASES OF THE JOINTS—By Richard Barwell, F. R. C. S., Senior Surgeon and Lecturer on Surgery, Charing Cross Hospital—Illustrated by numerous engravings on wood. Second edition, revised and much enlarged. New York, William Wood & Co., 1881; W. B. Dalston, Agent, Atlanta, Ga.

A book of 457 octavo pages. Among the important subjects discussed are acute synovitis, pyæmic joint disease, strumous synovitis, rheumatic synovitis and syphilitic and gouty synovitis, hip-joint disease, osteitis, restoration of crippled joints, genu varum and valgum, etc. A list of valuable formulæ is found at the close of the work. We regard the work as eminently practical and instructive.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS AND SURGEONS of Philadelphia, Penn., Volume Twelfth. Printed for the College and for sale, by Lindsay & Blakiston, 1881.

Subjects treated: Memoirs of George B. Wood, Dr. Isaac Hays, Dr. John Marshall Paul, Dr. Jas. Aitkin Meigs, Dr. Thaddeus L. Leavitt, Dr. John Neill, Dr. Isaac Ray.

- Foot-binding in China, etc., by Dr. R. P. Harris, A. M., M. D.
Account of a case of Heart Clot, etc., by Arthur V. Meigs, M. D.,
and remarks on by J. B. Roberts, M. D.
Report of the Com. on Meteorology, by Rich'd A. Cleeman, M. D.
Case of General Hyperostosis, by Jos. H. Hutchinson, M. D.
Case of Starvation Fever, by J. M. Da Costa, M. D.
Report of a case of Diabetes Mellitus in which double Cataract ex-
isted, by J. E. Mears, M. D.
Thoughts upon Vivisection, etc., by George Hamilton, M. D., and
remarks on, by J. C. Morris, M. D.

A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL, IN TREATISES—By various authors, edited by T. Holmes, Cantab, Surgeon and Lecturer on Surgery at St. George's Hospital. Memb. Correp. De La Societe De Chirurgie De Paris. First American from second English edition, thoroughly revised and much enlarged, by John H. Packard, A. M., M. D., Surgeon to the Episcopal and St. Joseph's Hospitals, Philadelphia, assisted by a large corps of the most eminent American Surgeons, in three volumes, with many illustrations. Vol. 1—General Pathology; Morbid Processes; Injuries in General; Complications in Injuries; Injuries of Regions. Philadelphia, Henry C. Lea's Son & Co.

Dr. Packard, in the preface to the American edition, justly remarks that "The high position universally accorded to Holmes' system of Surgery has rendered it very desirable that this work, containing in itself a vast store of the learning and experience of some of Great Britain's best surgeons, should be made more available to the profession in this country; and that the new material, accumulated on both sides of the Atlantic, in the ten years which have elapsed since its publication, should be incorporated in it."

In the volume before us, being the first of three that are to be issued, we have a neat and elegant work of over 1,000 pages, printed in double column, and beautifully illustrated, containing an able and systematic treatment of general surgery and injuries of regions. In the forthcoming volumes we are to have the "Diseases of the various systems and organs, and the concluding portion will be devoted to general practical matters—operative and minor surgery, gunshot wounds, hospitals" and other topics. There is to be a copious index at the end of each volume "and a general one at the conclusion of the whole." This work should be in the library of every physician and surgeon.

COULSON ON DISEASES OF THE BLADDER AND PROSTATE GLAND, sixth edition, revised by Walter J. Coulson, F. R. C. S., Surgeon to St. Peter's Hospital for Stone, etc., and Surgeon to the Sack Hospital; New York, William Wood & Co., 27 Great Jones Street, 1881. Oct. pp. 393.

From a careful examination of the above work we are convinced of its value to the practitioner embracing as it does a more full and complete treatise on the subject than any recent work with which we are acquainted. The book is illustrated and contains a very full index, making it a convenient work of reference to the busy practitioner.

SPECIAL NOTICES.

Wm. E. Warner & Co.—This long established, reliable and popular house is so well and favorably known that it is unnecessary to commend it to the profession and to the trade. As manufacturing chemists they have become the pride of our country; their fame has crossed the Atlantic, and their preparations are admirable and the honor and reliability of the house is everywhere acknowledged.

PARKE, DAVIS & CO., Detroit, Mich.—This large, reliable and splendid establishment still maintains its high popularity, and is extending its active and thorough business operations to all sections of the Union, and even across the waters. The efforts of this house to introduce new and valuable medicinal agents from abroad, have proven eminently successful, and have resulted in adding many important articles to the armamentarium of the practitioner.

ALOE & HERNSTEIN, St. Louis.—This is an excellent house—dealers in Surgical and Electrical Instruments of every kind. Their Improved Galvanic Battery is a superior instrument, and their patent SADDLE BAGS for physicians are very neat, compact and convenient, and unsurpassed by any in the market. They may be found or ordered at any of the wholesale drug houses. See advertisement.

Worthy of Record.—The Powell Manufacturing Company, of Baltimore, the manufacturers of Powell's Beef, Cod Liver Oil and Pepsin, the superior food and nutritive tonic, have taken the true ground in the introduction of their valuable medicine, (which our leading practitioners are prescribing largely), by guaranteeing to the medical profession that they will not in any way advertise the Powell's 'calf, Cod Liver Oil and Pepsin so that it will come under the head of a patent medicine.—*Exchange.*

DR. J. S. WELLFORD, of Richmond, Virginia, Professor of Diseases of women and children in the Medical College of Virginia: "I have paid a great deal of attention to urinary troubles, and have frequently and freely prescribed the LITHIA WATER in their treatment with the very best results. In all the forms of the Uric Acid Diathesis, whether as well-formed Gravel or Gout, or in the milder forms of Gouty Dyspepsia or Nettlerash in their various varieties, I know of no Mineral Water which I consider at all equal to that of Spring No. 2.

"In many skin diseases of old age, dependent on the Uric Acid Diathesis, such as Eczema, etc., this water acts most beneficially."

BEDFORD ALUM AND IRON SPRINGS.—The advertisement of these Springs may be seen in another part of this Journal, and should be carefully read. The Editors have tested its virtues. It is an excellent remedy in hemoptisis, or as an anti hemorrhagic in any case, especially of a passive character. As an injection in gleet, gonorrhoea, leucorrhoea, etc., it is highly useful. As a gargle in ulcerated sore throat it is very efficacious. In chronic diarrhoea it is often useful, and given in small doses, in the night sweats of phthisis it has been found an excellent remedy.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to A. A. DELLIER, 709 Washington Avenue, St. Louis, Mo.

COCA BEEF TONIC, prepared by **LIEBIG & CO.**, wholesale manufacturing pharmacists and chemists, New York, Paris and London, is classed among the very best tonic and nutritive preparations in the market. It contains coca, citrate of iron, quinine, beef, etc. See advertisement in this Journal.

LISTERINE.—This is a recent preparation of great value, devised as an antiseptic lotion to be used in surgical wounds, and in gynecology. It forms a useful injecting material in uterine troubles, particularly in leucorrhoea and gonorrhoea. In nasal catarrh, ulcerated throat, in old offensive ulcers and in any case where a disinfectant wash is needed, it will be found convenient, safe and efficient.

CELERINA.—As a nerve tonic in low and depressed states of the system, this preparation is highly commended. In sexual debility, in urethral and bladder affections and in the nervous prostration resulting from the abuse of tobacco, opium, etc., it is highly useful. Try it.

JOHNSTON'S FLUID BEEF is an article that can be safely recommended as a concentrated natural agent. We have tried it in low states of the system and found it an admirable article. In the diarrhoeas of infants, wherein the child is taken from the breast, and is dying of inanition, a little of this fluid beef has been known to support the child and save life. Try it.

T H E

Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must
be addressed to the Managing Editor.

VOL. XI. ATLANTA, GA., NOVEMBER 20, 1881. No. XI.

ORIGINAL AND SELECTED ARTICLES.

THE NATURE, PATHOLOGY AND TREATMENT OF DIPSOMANIA.

BY EDWARD C. MANN, M. D., OF NEW YORK.

Physician to Sunnyside, a Private Hospital for the Treatment of Dipsomania, the
Opium Habit and Nervous and Mental Diseases.

(Concluded.)

PATHOLOGY OF INEBRIETY.

The basis of our cerebral pathology is the fundamental principle, that healthy mental function is dependent upon the proper nutrition, stimulation and repose of the brain; and upon the processes of waste and reparation being regularly and properly maintained. We know that the cerebral cells are nourished by the proper and due supply of nutritive plasma from the blood, and that this is essential to healthy function; and, indeed, the ultimate condition of the mind, with which we are now acquainted, consists in the due nutrition, growth and renovation of the brain-cells. If now, we take into the system an amount of alcohol that causes the blood-plasma to carry to the brain-cells a noxious and poisonous, in place of a nutritive substance, stimulating the cells so as to hasten the progress of decay and waste beyond the power of reparation and renovation, and impressing a pathological state in them, we must inevitably have resulting a change in healthy function and a certain amount of disease induced. Owing to the

abuse of alcohol, we have resulting a change in the chemical composition of the cerebral cells from the standard of health, which is the foundation of organic disease, as it prevents and interrupts healthy function. As a result of the overfilling of the cerebral vessels or cerebral hyperæmia from the long-continued use of alcohol, we have at first, symptoms of *irritation*, due to increased excitability of the nerve-filaments and ganglion cells of the brain. The symptoms of *exhaustion* and *depression* occurring at a later stage are due to lost excitability of the nerve-filaments and ganglion cells of the brain, owing to a want of the proper supply of arterial oxygenated blood to them. This is caused by the excessive cerebral hyperæmia, the escape of venous blood from the brain being obstructed, the result being that no new arterial blood can enter the capillaries. We may have apoplecticform or epileptiform attacks and paralysis occurring in the course of these cerebral hyperæmias, and they may be due either to obstructed escape of venous blood or to secondary oedema of the brain, in which transudation of serum takes place into the perivascular spaces and interstitial tissue of the brain with consequent anæmia. We know comparatively little yet respecting the physiology and pathology of the nervous system, and consequently comparatively little information has been gained regarding the morbid changes that take place in the brain and its appendages as a result of the abuse of alcohol. Such knowledge as we do possess shows that analogous changes take place in chronic alcoholism and chronic insanity, namely, atrophy and induration of the brain, and thickening and infiltration of the membranes.

The nerve-cells have also been found to be the seat of granulation in some instances, and some histologists have claimed to have discovered fatty degeneration of the various brain elements. Respecting the latter changes, Dr. J. Batty Tuke, of Edinburgh, who is one of the most successful of modern investigators in the department of morbid cerebral histology, gives it as his opinion that the application of the various tests for oil will fail to detect the presence of the so-called "free oil globules" in the substance of the convolutions, which he considers to be but the scattered debris of granular cells. According to the great pathologist, Rokitsky, we find thickening and increase of the pia-mater and arachnoid and permanent infiltration of the former and a varicose condition of its vessels as a result of continued abuse of alcohol. As the state of the pia-mater is unquestionably closely related to the higher functions of the brain, the latter must suffer more or less as the result of such an abnormal condition of the former. If there exists a permanently congealed and thickened state of the pia-mater, it is extremely probable that if it becomes suddenly turgid and hyperæmic as a result of severe emotional disturbances, we shall have,

resulting from the increased pressure on the brain, coma, epileptiform and apoplectiform attacks, and other grave nervous symptoms.

It is fair to conclude that in the majority of cases the first changes that occur are repeated attacks of active cerebral congestion, followed by chronic cerebral congestion and chronic cerebral meningitis; and that as the disease assumes a chronic form the brain takes on a secondary change and becomes anæmic, atrophied and indurated—a state allied to cirrhosis. In these cases of chronic meningitis, proceeding to atrophy and induration—of which I have seen quite a number—the prominent symptoms have been impairment of memory, dullness of intellect bordering on dementia, trembling of the limbs, tottering gait, hesitating, slurring speech, and other symptoms indicative of gradually progressing paralysis. In two cases of general paralysis, due to drink, in which I made a *post mortem* examination, paying careful attention to the state of the brain and spinal cord, I found in both instances thickening and opacity of the membranes with adherence to each other and to the brain, showing the existence of chronic meningitis. The brain was, in both instances, anæmic and indurated, and in one case there was dilatation of the lateral ventricles with considerable effusion. The spinal cord was atrophied and indurated, and there was considerable fluid in the spinal cord in one of the cases and also at the base of the brain. Upon hardening the spinal cord and making thin sections, and employing carmine staining to demonstrate the structural relation of the cord more clearly, I found, upon microscopical examination, that there was atrophy and loss of nerve elements of the posterior columns, with a new formation of connective tissue.

In making autopsies where the cause of death has been owing, directly or indirectly, to the abuse of alcohol, I have found cirrhosis of the liver, fatty and waxy liver, cancer of the liver, chronic Bright's disease, cancer of the stomach and cancer of the bladder; and in one case, a gummy tumor of the dura-mater. It is doubtless true that in many cases we shall find, upon examination, no pathological changes in the brain, that are demonstrable by existing knowledge and appliances; but I think we should rather doubt the quality of our resources of observation than doubt the existence of pathological changes in this most delicate, sensitive and complex of all organs, when we have observed during life its functions to be obviously perverted, if not destroyed.

Treatment of Dipsomania—Having endeavored to prove that dipsomania is a physical disease—that it is in fact a distinct type of mental disorder, I pass, in conclusion, to the consideration of the question of the cure of this disease. Dipsomania, if properly treated, is curable,

as other diseases are. In the treatment of dipsomania we have primarily to build up and restore shattered constitutions and broken-down nervous systems. We have a class of patients to deal with whose digestive powers are weakened; whose appetite is impaired; whose muscular system is enfeebled, and whose generative function is often decayed. The blood is impoverished and the general nutrition disordered. These patients are indirectly predisposed to the acquisition of nearly all diseases, as they have, by long indulgence in alcohol, lessened the power of resisting their causes. We have to deal with the results of a toxic poison which has resulted in more or less pathological change in the brain and nervous centers. We have also to deal, at times, with various complications proceeding from the abuse of alcohol, such as cirrhosis of the liver, gastritis, epilepsy, various forms of dyspepsia, and in some cases with Bright's disease. We must place our patient under the most favorable hygienic influences, provide for him cheerful, tranquil and pleasant surroundings, repress cerebral excitement, procure sleep for him, and we must also give him plenty of good, nourishing food and abundance of fresh air and exercise.

In the treatment of the nervous exhaustion and premature mental decay, we should primarily direct our attention to the direction of the moral habits. We should endeavor to provide constantly easy and pleasant occupation of the mind. We have in these cases to deal with a worn, irritable condition of the nervous system; an unstable condition, as regards its nutrition, its solidity, and its perfection of structure, which makes our task no easy matter. We must be very careful that we make our patients sleep, or we shall have a preponderance of waste over repair that will balk all our efforts. A warm bath of half an hour's duration with a cold towel on the head, with a dose of 15 grains chloral hydrate, and 5 to 15 minims of the fluid extract of hyoscyamus or 30 grains of sodium bromide with 30 minims of the tincture of cannabis indica together act well as cerebral sedatives, and promote sleep. It is necessary to supply the greatest amount of nutritive material to the brain and nervous system to repair the undoubtedly existing nutritive lesion. We must quiet all abnormal nervous excitability, and keep our patients calm and tranquil. Attention should be paid to maintaining an even temperature of the body. Care should be paid to the excretory functions of the skin, kidneys and bowels. If there is headache and drowsiness, such diuretics as the liq. ammoniæ acetat. with spt. nitric ether are indicated. Indian hemp has also proved itself in my hands a valuable adjunct in doses of $\frac{1}{4}$ gr. of the extract as required. In combination with the bromides it makes one of the best nerve sedatives, or it may be combined with lupulin. Free exposure without fatigue cannot be too strongly

insisted on. One of the most valuable remedial agents is phosphorus, which I always prescribe, to be administered in cod-liver oil in doses of from 1-100 to 1-12 of a grain after meals. The cod-liver oil is one of the best nutritive remedies, as fat *must* be applied to the nutrition of the nervous system, if this is to be maintained in its organic integrity. It always has seemed to me that cod-liver oil exercised a specific action in all the hereditary diseases, and it certainly does much good in dipsomonia, which is strongly hereditary. The general effects of phosphorus are those of a stimulant, but it possesses a special power over the exhausted nervous system. It is a nerve food. It is, possibly, evanescent in its effects, but is never followed by a stage of depression which is noticeable. Fairchild's phosphorized elixir of calasaya bark, prepared in New York, is a very good way of giving it, as is also Thompson's solution of phosphorus.

The two most valuable nerve tonics in dipsomania are quinine and strychnia. I generally combine the two in a mixture, so that in each teaspoonful there shall be 2 grs. of quinine and 1-60 to 1-32 of a grain of strychnia. The latter exercises a decided antagonistic effect over alcoholism, while patients who take quinine make much better recoveries than those who do not. When there is persistent insomnia, I am accustomed to rely on the use of prolonged warm baths given at bedtime conjoined with my sodium bromide and cannabis mixture, chloral and hyoscyamus combined, or the mono-bromide of camphor—Clin's capsules—in a single dose of 4 grs. Fothergill's solution of hydrobromic acid in doses of from 15 to 40 minims is sometimes useful.

I come finally to speak of the remedial agent which, in my opinion, far surpasses all others in its permanent effects, and which is comparatively little used. I refer to the judicious use of the constant and induced current of electricity. Electricity is a remedial agent which furnishes us with the means of modifying the nutritive condition of parts deeply situated, and of modifying the circulation to a greater extent, I think, than by any known agent. By the judicious employment of the constant or galvanic and induced or faradic currents, we have it in our power to hasten the processes of nerve-growth and nerve-repair, and thereby indirectly hasten the acquisition of nerve-power. The use of electricity does not, I think, act by contributing anything directly to the growth or repair of nerve tissue. Its action, it would seem most probable, is to stimulate and quicken those processes on which the material and functional integrity of the nervous system depends. The action of electricity is always followed, in my practice, by an increase of strength and nerve force, and the results gained are gradual and permanent; while the use of nerve stimulants has always seemed to me to primarily excite the nerve activities proper,

and not the nutritive processes upon which the acquisition of power depends. The deceptive results obtained from the use of nerve stimulants depends upon the excitation of nerve activities and the resultant expenditure of nerve power, which is followed by a period of exhaustion varying in degree and duration. The careful and judicious use of electricity has always led, in my hands, to an increase of nervous energy, while the employment of nerve stimulants has appeared to me to lead, in many instances, ultimately to a waste and diminution of nervous energy.

In cases of dipsomania we have abnormal nervous excitability, conjoined with cerebral exhaustion, and the two indications which are urgent are, primarily, for increased rapidity and effectiveness as regards the process of nerve nutrition; and, secondarily, to secure freedom from excitement and diminution of nerve activity, and thereby to check the waste of nerve structure and of power. These indications we can fulfill by the judicious use of electricity and nerve tonics more certainly than by any other means, there being no other such combined sedative, restorative and refreshant to the central nervous system, and we can thus successfully meet all the indications in cases of cerebral exhaustion and threatened mental disease, except that of affording direct nutriment to the brain, which, as I before stated, I endeavor to obtain by rest, cod-liver oil, phosphorus, etc. The use of electricity seems to supply to the system, in cases of inebriety, the stimulus which has been withdrawn, as my patients have repeatedly told me that while under treatment they experienced little, if any, of the terrible feelings produced by its withdrawal under ordinary circumstances. I have seen this so often that I advance it as a scientific fact, and not as an untested theory. I have had cases of years standing, who have assured me that the application of the electricity has been of more service to them than anything they had previously tried. I have generally employed both currents, the galvanic and faradic; the former as centric galvanization and the latter with the negative electrode at the lower end of the spine, while I apply the positive pole to the cranial centre on the top of the head, the cervical sympathetic, the cilio-spinal centre or region on each side of the seventh cervical vertebra, and up and down the spine, making a seance of fifteen minutes twice daily. I have obtained such excellent results from its use in dipsomania that I hope other gentlemen presiding over institutions similar to mine, may be induced by my success, to give this very important remedy an extended trial, after which I feel sure that they will never willingly relinquish so effective an agent.

Office 28 West 50th Street.

SOME OF THE THERAPEUTICAL USES OF NITRO-GLYCERINE.*

BY WILLIAM A. HAMMOND, M. D.,

Surgeon-General U. S. Army (Retired List); Professor of Diseases of the Mind and Nervous System in the University of the City of New York, etc.

If a drop of solution of nitro-glycerine in alcohol, in the proportion of one part in a hundred, be placed on the tip of the tongue, a sensation of fullness and pain in the head (mainly in the frontal region) is experienced in the course of three or four minutes. This fullness disappears in a short time. A dose of three or four drops of the strength mentioned, produces headache of much greater severity and of longer duration. The carotid and temporal arteries pulsate with increased force; the head feels as if it is about to burst open; the face becomes red; the action of the heart is augmented and the respiration becomes more frequent. These symptoms are indicative of cardiac and vascular excitement, and of cerebral hyperæmia. We should therefore *a priori* expect that nitro glycerine would be useful in those cases in which it was desirable to stimulate the circulatory system and to increase the amount of the intra-cranial blood. For the last two years I have made frequent use of this very powerful agent, and it has occurred to me that the results of my experience might be of interest to the members of the Neurological Society and to the profession at large.

First, however, a few words in regard to the preparation to employ and the method of using it. There are great differences in nitro-glycerine (or glonoin, as it is sometimes called), as it is met with in the shops. Some specimeas of it are altogether inert, and some are of such extraordinary strength as to render their employment dangerous. I make use of that prepared by Bernicke & Tafel, in this city, which contains ten parts in every hundred, that is, ten of nitro-glycerine and ninety of absolute alcohol to the extent of ninety parts to ten of the drug. Thus:—

R. Nitro-glycerine (one-tenth).....minims xl.

Alcohol..... 3vj,

M. Ft. sol.

One drop of this solution contains the one one-hundreth (100) of a drop of nitro glycerine, and I never begin the treatment of any case with a larger dose than a drop of this dilution.

Some apothecaries, as I have ascertained by actual experience, do not know anything about the agent. When it is prescribed, they send for it and get the pure substance which—regardless of the figures 1-10 on the prescription, the meaning of which they do not know—they proceed to add in the proportion of minims xl. to 3vj of alcohol. The consequence is that a solution is formed, every drop of which contains the one-tenth of a drop of nitro-glycerine; such a dose is

*Read before the New York Neurological Society, October 4th, 1881.

calculated to produce very serious and painful symptoms not unattended with danger.

Again, they may produce a solution which already contains only one-hundredth or even one-thousandth of the agent. If minims xl of such a dilution are still further diluted with 3vj of alcohol, a degree of attenuation is reached which may be of some value to those with homœopathic proclivities, but which is altogether inert as a remedy.

It is necessary, therefore, for the physician employing nitro-glycerine to take special care that the strength of the solution is exactly what he wants; otherwise he may get very much more effect than is desirable, or none at all. It would perhaps be better for him to procure Bernicke & Tafel's one-tenth dilution and prepare his prescription himself.

MIGRAINE OR HERMICKANIA.—Du Bois Reymond is of the opinion that migraine is always the consequence of a spasmodic constriction of the blood vessels of the brain, by which their calibre is diminished. Mollendorf, on the other hand, contended that there is a relaxation of the vessels. According to the one theory, there is in migraine cerebral anæmia; to the other, cerebral congestion. But it is quite certain that neither of these views is exclusively correct, and that both are partially so. Eulenberg and Gutman held that in some cases of migraine there is cerebral anæmia, due to a tetanoid condition of the muscular coat of the arteries, while in others there is cerebral hyperæmia or congestion, resulting from a paralysis of the muscular coat. Berger, in his excellent monograph, expresses the same opinion, and my own experience, which has been extensive, convinces me that there is no doubt that this latter theory is the correct one. Both clinical observation and the action of remedies show us that these are the two essentially distinct forms of this disease.

Without going into a detailed consideration of the diagnostic marks of the two varieties of migraine (for which I must refer the reader to the special works on the subject), I will only say that ophthalmoscopic examination will generally indicate to us the nature of the particular attack with which we have to deal. In the congestive form, the fundus of the eye of the affected side is, as Mollendorf observes, of a bright scarlet color, while that of the sound side retains its ordinary brownish-red tint. In the anæmic variety the fundus is, as I have repeatedly ascertained, of a pale rose hue—a circumstance only to be explained upon the hypothesis of a diminished amount of blood in the cerebral vessels of that side. Besides this, it will almost invariably be found that if, in a doubtful case, pressure be made on the carotid artery of the side corresponding to that on which the pain in the head is felt, the pain is increased if the attack be of the anæmic form; while if it be of the congestive type, the suffering is immediately mitigated. Of course it is very essential that a correct diagnosis be made, for on that depends the kind of treatment to be administered.

Now, if it be satisfactorily determined that the patient is suffering from the anæmic variety of migraine, I at once administer a drop of the solution of nitro-glycerine of the strength of one-hundredth, as just described. In fifteen minutes, if relief be not obtained, I give another drop. I have very rarely had occasion to give a third dose,

for amendment has gradually begun with the first drop, and a second dose almost invariably completes the cure of the paroxysm.

Attacks of migraine are generally periodical, though often in persons subject to them they may be excited by various causes, such as indiscretions in diet, emotional disturbance, or severe physical exertion. When the time comes round for a paroxysm to occur, the patient should, two or three days before it is due, begin to take the nitro-glycerine solution in doses of a drop three or four times a day, and continue the use of the remedy for a like period afterwards. When an attack is threatened from any of the causes mentioned, a like course should be pursued.

It is rarely the case that the two varieties occur in the same person, and hence when the anæmic form has been diagnosticated, it is safe to assume that all subsequent paroxysms or attempts at paroxysms will be of the same kind.

I have treated many cases of the anæmic form of migraine with nitro-glycerine, and though I cannot say that it has uniformly been successful, I know of no one agent so well calculated to give good results, and no one from which good results so generally flow. In one very severe case occurring in a lady of this city, the effect was so striking that it seemed to come from some occult influence (seemed so to her at least.) She lay in the bed in complete darkness; not a sound was allowed to come near her chamber, for light and sound greatly intensified her suffering; her skin was cold and clammy; her face pale, and the pain that racked her head was so agonizing that at times her mind wandered. One drop of the solution of nitro-glycerine was given her, and in fifteen minutes the spell was broken. Another drop, and the pain was gone; her face was flushed, and her feeble pulse was replaced by one of strength and fullness. She was well but weak. A sound sleep of three hours followed, and then she was as well as she ever was in her life.

I did not intend to cite any cases, but this one occurred in my practice while I was writing this paper, and it was so apposite that I could not refrain from adducing it, though it is not essentially different from many others.

But I do not yet definitely know that nitro-glycerine will, in every case, effect a complete cure of migraine, for the time is yet too short for such knowledge to be obtained. All to whom I have administered it continue to take it. There is every reason, however, for thinking that eventually the habit will be overcome and that the organization of some, at least, of the patients will be so modified that the disease will no longer be possible.—*Virginia Medical Monthly*.

ABDOMINAL SURGERY AND LISTERISM.

The three topics of interest in the Surgical section of the International Medical Congress were Abdominal Surgery, "Intra Peritoneal," the programme had it, Modern Lithoirity,—they wont say "Litholapaxy" over here,—and the treatment of Wounds to secure Union by First Intention.

I may say parenthetically that the mode of procedure was for some

one, or more, who had previously promised it, to read a paper upon the subject, and the discussion of those papers was taken up by the gentlemen appointed for that duty, whose names were printed upon the programme, and who were called in regular order by the president. And I may also say, right here, that every delegate was anxious to ascertain the exact position of "Listerism" in the convention. It was noticeable that early in the sessions when certain men, who shall be nameless, *seemed* to try to test the matter by initiating applause at every allusion to antiseptic surgery there was very little response. Mr. Lister himself was always and everywhere heartily received. But it required no great sagacity to see that the majority of surgeons were *reserved* in the matter. But more of this further on.

Spencer Wells read a paper. He took strong Listerian ground, and said that now he had given up drainage altogether, so great was his faith in antiseptic surgery. Several others, Volkmann especially, followed in a similar strain. Then Marion Sims arose, and while he declared for Listerism he advocated drainage, and reminded Mr. Wells of a case (ovariotomy), in which he assisted him in a bad operation,—bad on account of adhesions,—and the patient *almost* died, but at last nature opened the abdominal wound and discharged a large amount of fetid fluid, and immediately she recovered. Finally came Mr. Keith to close the discussion. Never in the history of surgery did a few modest words make such a record in the "currents of expectant thought" as his.

It has been said, and was repeated by Volkmann and Kuget, in this discussion, that intra-peritoneal surgery was the "touchstone of Listerism." Professor Keith has been quoted the world over, again and again, as not only a warm disciple of Lister, but as illustrating in his remarkable success in ovariotomy, *more than any other surgeon*, the value of the antiseptic, or rather, the Listerian method. No one can deny this.

So slowly were his few words uttered that I can almost repeat every one *verbatim*.

You can imagine the effect much better than I can describe it when he said that for several months past he had "abandoned the antiseptic treatment altogether." "True," he said, "I had eighty successive recoveries under Lister's method, and *stopping there* it would be a wonderful showing. *But out of the next twenty five I lost seven.* One died of acute septicaemia, in spite of the most thorough antiseptic precaution; three of "unquestionable carbolic acid poisoning; one of renal hæmorrhage." He went on to say that out of the eighty consecutive cases (or rather he said it first) many came too near dying; that a large number got a high temperature—105°, 106°, 107° Fahrenheit—the evening following the operation, but he said, "they happened to pull through." He then said that since he had for four months past abandoned the antiseptic method and relied upon perfect cleanliness, care in controlling hæmorrhage, and thorough drainage, his cases were giving him much less trouble, and he was getting more satisfactory results.

He now stopped for a few moments; hesitating, as he must have realized the importance of his words, knowing that the whole world—surgical—was lending a "listening ear" to his utterance. The silence was

"audible." Then he raised his head, and looking his audience squarely in the face, he said, "Gentlemen, I have felt it my duty to make these statements, for *they are true*," and took his seat. I shall not attempt to describe the applause, nor the effect of his statements. Professor Keith, by the way, told me privately that he almost died himself from using the carbolic acid so much. He got renal hæmorrhage and debility to an alarming degree. He said, moreover, that he never had great faith in it, and should not have continued its use so long—I mean the "Lister method"—but for the fact that so many eminent men were carried away with it; and if, after his remarkable series of cases, he had changed, and lost seven out of twenty five, as he did, without Listerism, all the world—he himself—would have attributed the result to the change.

One thing is certain; Mr. Keith's statements, in connection with those of others *and his own experience*, put Mr. Lister in a very unpleasant position; for he was put down on the programme to close the discussion on the treatment of wounds to secure union by first intention, which took place on Monday, 8th inst. Although four days had elapsed, he had no answer. To show how deeply he was impressed by all that had been said, he began his remarks, which were extemporaneous instead of written, as was expected, by saying that he never had admitted that abdominal surgery was the "touchstone of Listerism," and to the surprise and dismay of his followers went on to argue that, with the rapidity with which wounds of the peritoneum heal and the remarkable absorbing power of that membrane, and therefore its ability to take care of its exudates, he "doubted very much" whether, in the hands of a skillful, careful operator, it was not better to dispense with the antiseptic plan. I realize how important are the statements I am making, and lest some of your readers may think that they are open to criticism as to accuracy, I will say that I sat near enough to hear every syllable uttered, and I pledge my honor as a man and surgeon for the absolute accuracy of every statement, though I took a few notes.

Then, seeming to realize the danger of administering such wonderful absorbent qualities to the peritonæum, he went on to say that he had recently made some experiments that surprised him very much, which proved that serum or bloody serum was "a very poor soil for the development of germs from contact with air-dust, and that blood clots were still more sterile. Indeed, it was very difficult to make them grow or develop at all, unless diluted with water." By the way, he declared that he had witnessed free cell development in a blood clot.

And these remarkable facts, said he, "at once call in question the necessity of the spray."

He then went on to say that he was not yet ready to give up the spray, but if simple irrigation or lavation should prove as good, he would say, "*Fort mit dem spray*;" and he further said, "I am not at all sure but that before the next meeting, two years hence, I shall have abandoned the spray altogether." (His recent house surgeon says that he has lost all confidence in its utility.)

As to carbolic acid, he said, "I am forced to admit its unfortunate character." That was all; not a word about oil of eucalyptus or any

other substitute. He kept referring again and again to abdominal surgery, but his manner showed to everybody that he was upset.

He gave no statistics, no large comparisons, as was expected by his disciples. He referred to the excellent results in two cases of recent operation, saying that "I could hardly believe I should have got such results without the antiseptic plan; I did not before I used it."

And this is the fault that the best surgeons here find with him. They are all ready and glad to give him or any other man credit for all he has really done, and they all admit that Mr. Lister has done much to improve surgery, especially German surgery. I need not explain. But they very properly say, "With his unprecedented opportunities, both in his host of followers, why don't he give us large and complete statistics? Instead, he only gives either isolated cases or small group of successful ones, such as may be found under almost any plan." I quote one of London's most eminent and fair minded men.

It was curious to watch the effect of the thing. I have alluded to the impression produced by Keith's remarks. As Lister was speaking, one of his ardent admirers—I mean an admirer of his mode of dressing; I am not discussing the man, who is an earnest, hard-working, accomplished gentleman—turned to me, and said, "I would never have believed Professor Lister would have admitted that." Another said, "Well, if Lister abandons the spray and carbolic acid, giving us no substitute, where is 'Listerism?'" We had drainage, we had animal ligatures, we had air-proof dressings, before." And so on. Every little group of surgeons was discussing the matter; those who had never accepted the Listerian method being quite as much surprised as its warmest adherents.

"Mein Gott!" said a German whom I did not know, "Listereism ist todt." "Fort dem Spray? Fort dem Acid Carbolique? Was gibts zu bleiben?"—*Boston Medical Journal*.

BLACK HAW.

BY ROBERT BOAL, M. D., PEORIA, ILL.

Among the indigenous remedies introduced to the profession, no one is entitled to greater confidence, or has received comparatively so little attention as the *viburnum prunifolium*, or black haw. When first brought to notice by a southern physician as a remedy to prevent miscarriage, that was supposed to be its sole remedial virtue. Experience has proved its applicability to other uterine affections. Not only is its anti-abortifacient power well attested by several observers, but in other uterine affections it is of undoubted efficacy. I have treated a few cases of threatened abortion and premature labor with the *viburnum*, with successful results. In my judgment it will quiet uterine action with more certainty than any other anodyne or anti-spasmodic. In a recent conversation with a medical friend, he extolled its virtues highly, and said that it seldom disappointed him in its effects. Every physician who has practiced for any length of time has been disappointed in the effect of opium in arresting threatened

abortion, and many entertain the opinion, that in many cases it facilitates, rather than prevents, its occurrence. If the statements of many who have tried the viburnum are reliable, we have a remedy for a pregnant woman that is invaluable, and one that may save the lives of many children.

In dysmenorrhœa, especially in the spasmodic form which occurs in women of delicate habit and sensitive nervous organization, its action is usually prompt and beneficial. In the majority of cases of what is called functional dysmenorrhœa, it will afford decided relief, if properly given, and in those cases that are due to flexions, narrowing of cervical canal, or other organic causes, its palliative effect is often well marked. The sympathetic disturbance of other organs preceding and during the menstrual flow, particularly the instability of the stomach, renders the exhibition of remedies no easy task. Many women have an idiosyncrasy with regard to any preparation of opium, which renders its administration unpleasant and often useless in relieving pain in consequence of the nausea, vomiting and other unpleasant effects following its use. It is in these cases the black haw is peculiarly well adapted. Although its taste is bitter, it usually agrees with the stomach, and according to my experience is seldom rejected or produces nausea or other disagreeable results.

Its mode of action is anodyne and antispasmodic. Beyond its power of relieving pain, I have observed no other apparent effect upon the system. While the remedial power of viburnum is inestimable, it commends itself to the profession in another point of view. If it will relieve pain preceding and during menstruation, for which opium and alcoholic stimulants are ordinarily given, it will remove the danger of contracting the opium habit, or the intemperate use of intoxicating drinks, which have blighted the lives and destroyed the health and happiness of so many. If the viburnum will supply the place of these potent agents, and accomplish all, even more than they; if danger to pregnant women can be averted and the lives of children saved; if the agonizing pain can be palliated or relieved, and the formation of habits as strong as death can be prevented or avoided—then we have a boon in this agent whose value it would be hard to estimate. Whether it will accomplish *all* that is claimed for it more extended observation and experience in its use will perhaps be necessary. That it will do *much* in the affections for which it has been used, I *know* from experience. The fluid extract is the preparation I have used, giving it in half drachm to one drachm doses, repeated every one, two, three or more hours, as the exigencies of the case may require. In consequence of its bitter taste it is best combined with some of the syrups, or what is better, the aromatic or simple elixirs, in equal parts.—*Peoria Medical Monthly*.

INCISED WOUND OF INTESTINE—RECOVERY.

BY W. A. NEWBORN, M. D., OAKLAND, TENN.

On July 25th I was called in connection with Dr. J. McCulley, to see a negro boy 15 years of age, who had been partially disemboweled by his antagonist. We did not reach the boy until several hours after

the accident. Hence we found the protruded mass so swollen that we were compelled to enlarge the wound to accomplish its reduction.

The wound was situated in the left lumbar region, internal to the anterior superior spinous process of ilium two inches, and extending toward the median line two inches. The colon was wounded in three places, two punctures and one incision three-quarter inch in length; on any exertion of the patient the fecal matter would ooze from the largest wound in a stream as large as one's little finger; but as the bowel protruded, I hardly think any of the fecal matter escaped into the peritoneal cavity, at least no symptoms followed to indicate this.

To close the wounds in the colon required four stitches; catgut not being at hand we used silk sutures. After replacing the mass we allowed the drainage for a few minutes, then closed the external wound by five stitches, using the interrupted suture. We used Lister's antiseptic method throughout. Placed the patient on quarter grain morphia every six hours, to relieve any pain and reduce peristalsis. On the sixth day his symptoms growing worse, gave enema, which caused a discharge of scybala, followed by marked relief to tympanites.

On the ninth day his symptoms became alarming, tympanites excessive, pulse 138, respiration 26 to 30, temperature $101\frac{1}{2}^{\circ}$. We, after some hesitation, gave a dose of castor oil, and waited with fear for the result. It caused several copious and fetid evacuations without much pain and with great relief to tympanites, pulse fell to 120; respiration 22; temperature $100\frac{1}{3}^{\circ}$. He made a gradual improvement from this; had occasional fever without any chill. After this there was a tendency to diarrhoea, so we changed from quarter grain morphia to one grain powdered opium every five hours. This controlled the bowels.

Our principal treatment throughout was to meet the indications. We kept ice bags on the wound for the first ten days—used bismuth subnit and pepsin to allay irritability of the stomach—used turpentine emulsion per ingesta, and turpentine liniment to bowels to allay tympanites—quinine in tonic doses. The sutures in the external wound became irritant, and as the wound was healing from the bottom, we removed the sutures and applied adhesive strips so as to give support to the wound. Then sprinkled into the wound iodoform and salicylic acid. From this on the wound did splendidly, granulating from the bottom. Convalescence being established we then used tr. iron 10 gtt. three times per day. His diet was Tanner's plan mostly, but gave liquid food enough to support him.

After three weeks we discharged the patient; and gave him instructions to be careful in his diet. I regard his case as one of great interest and one in which prognosis is generally grave.—*Nashville Jour. of Medicine and Surgery.*

The six healthiest cities in the United States, as measured by the most recent authentic reports, were in the order named; Utica, Dayton, New Haven, Portland, San Francisco, and Lawrence. The six unhealthiest were Charleston, Memphis, Cleveland, Chicago, Hudson County, N. J., and Lynn. The six unhealthiest in the world were St. Petersburg, Charleston, Malaga, Alexandria, Warsaw and Blue-Pesth.—*N. Y. Medical Record.*

RECURRENT OR OBSTINATE MALARIAL ATTACKS.

BY JOHN H. POOL, M. D., SOUTH MILLS, N. C.

Nothing is more trying to the patience of the physician located in the malarial districts of our Southern country, than the recurrence of "chills and fevers." He is called to a patient suffering from malarial fever, and by the administration of proper remedies the patient is promptly restored. In the course of six or nine or twelve or fifteen days, if the original attack is of the tertian type, the patient appears with a green visage and a shivering frame, and reports a return of the chills. This is repeated until nature is almost worn out or frost puts an end to the trouble (and frost often fails).

Now, what shall we do to prevent our treatment being brought into discredit? By close observation, we will find that tertians recur in six, nine, twelve, fifteen or eighteen days, and in quotidians on the second, fourth, or sixteenth days.

I have been more successful in the treatment of these recurrent chills by the following plan of treatment than from any other: Give fifteen to twenty grains of quinia or cinchonidia three hours before the expected paroxysm. I prefer one large dose to the same quantity given in broken doses at intervals of an hour or two. One large dose will cause less distress to the patient than small doses at short intervals. By giving one large dose we will break up the paroxysm, for none of it will be eliminated by the kidneys until the work is done. But to prevent their return, further treatment is required. On the critical days referred to above, repeat the anti-periodic in ten-grain doses. To reduce the enlarged spleen (which is nearly always present), and to bring the liver into its normal condition, I administer Lugol's solution with ten grains additional of iodide of potassium to the ounce in five or ten drop doses before meals, and three to five drops of Fowler's solution after meals. Without these adjuncts the treatment is apt to prove a failure. On the fourteenth and twenty-first days give the anti-periodic again for a day or two.

For the last five years I have been using largely cinchonidia sulphate, and I have yet to discover that it is not equally as efficient, as a periodic, as quinia sulphate. In the convulsions of children resulting from congestion of the brain in these disorders, I have found nothing better than a combination of chloral hydrate, bromide of potassium and sweet spirits of nitre in appropriate doses.—*Virginia Medical Monthly*.

CAMPHOR AND HYDRATE CHLORAL.

M. Simons having observed a case of poisoning by a mixture of equal parts camphor and hydrate chloral, conceived the idea of employing the same preparation in therapeutic doses. Twenty drops of this mixture in a draught cut short an attack of acute mania. M. Simons believes that it could be employed with good results in hydrophobia, tetanus, and delirium tremens.—*Med. Press and Circ.*, Sept. 7. —*N. Y. Medical Abstract*.

OBSTETRIC APHORISMS.

BY H. WEBSTER JONES, M. D., CHICAGO.

1. An intelligent confidence once thoroughly established between patient and physician does much to banish the terrors of the lying-in-room.
2. It is possible to foresee and prevent the occurrence of the almost fatal form of eclampsia gravidarum.
3. Cleanliness is especially next to godliness in the case of the accoucheur. Its absence renders one liable to professional homicide.
4. The modern midwifery must not be meddlesome, but must be mediatorial in the sense of palliating suffering, expediting nature's processes by well proven means, and removing scientifically all the inexplicable, accidental or morbid states and conditions. Idleness is no longer an approved qualification for a degree of obstetrics.
5. The hand is the best uterine dilator.
6. The forceps should never be employed until the os uteri is dilated or dilatable, and then not unless the membranes have been ruptured and labor delayed unnaturally for at least an hour. Every practitioner should become skillful in their use, and they should never be left at home for fear of temptation.
7. Unnecessary and avoidable delays in labor are fruitful sources of gynecological practice. They promote inflammation and sepsis.
8. The patient's hopeful confidence and the physician's industrious attention, actually contribute to the physiological elements of labor. Anæsthetics here are, to say the least, superfluous.
9. Bi-manual aid in effecting the deliverance of the placenta, is not only proper but advisable. Skillfully rendered, the cry of "uterine inversion" becomes no longer a bug-bear.
10. The continuous and intelligent counter-pressure over the fundus uteri during the child's exit, the delivery of the placenta and the period of frequent oscillation, be that a shorter or a longer time, is a safeguard never to be neglected.
11. Pursuant to the same end, the application of the bandage and its continuance, as long as the uterine globe can be felt and embraced by it above the pubis, contributes not only to comfort, but to speedy involution. After the seventh day, close pressure must be interdicted.
12. Puffiness of one ankle, with tenderness of the corresponding groin, and an abnormally quickened pulse, with or without copious sweating, noticed within the first ten days after labor, betoken the presence of phlebitis, and the possibility of embolism or thrombus, and resultant sudden death.
13. The duties of an obstetrician are not concluded until a careful examination, from six to eight weeks after parturition, proves the integrity of all the organs concerned.—*Mich. Med. News.*

ABSTRACTS AND GLEANINGS.

Is Guiteau Insane.—A writer (in Medical Record, N. Y.,) says that Guiteau is unquestionably insane, because: 1st. Guiteau entertained the delusion that if he obtained a certain position in a foreign embassy, a wealthy woman would marry him and endow him with a million dollars, wherewith to maintain his social position. This idea either was a delusion without any basis whatever, or with so frail a basis as to warrant the formation of such a day-dream to no sound mind; at all events, it was an insane conception. 2d. The letter found in his pocket after the assassination, ordering General Sherman to take possession of the jail, aside from its general tenor, which would immediately rouse the suspicion of any experienced alienist, can be interpreted in only one or two ways, either as an attempt to sham insanity on the part of the writer, or as an isolated but distinct proof of actual insanity. 3d. That Guiteau when arraigned for trial was checked in attempting to read a document, which, however, found its way into the columns of the New York Herald, and is an even more characteristically insane document than the letter to General Sherman. 4th. That as far as an almost unanimous testimony of lay witnesses and existing pictures of the assassin permit us to judge, Guiteau has the characteristic "insane manner" in a high degree, as well as a suspicious cranial configuration. 5th. That six months before the assassination, Guiteau applied, if I recollect rightly, for a pension, and the examining surgeon made this brief but to day weighty marginal note to the application, now on file: Applicant is insane! 6th. That Guiteau used to have a placard in his room reading "Guiteau, Premier of England," and on different occasions gave other evidences of entertaining the ambitious delusions of what the French term *megalomanie*, and which Marce more happily designated as *folie systematisée*. To be brief, I would say that the just pride of American psychistry, Isaac Ray, would to-day turn around in his grave if he had heard the latter-day members of the association, whose conservative policy he was the ablest defender of, declaring Guiteau sane, in newspaper interviews held after the assassin's hereditary relations, his documents, and other details had become known. When Mr. Blaine, Senator Logan, nay, the deceased victim of the assassin, and an impartial physician had recognized the insanity of Guiteau, and some of those who are supposed to devote their lives to the care and study of the insane unhesitatingly pronounce him sane, the value of the "asylum experience" argument becomes finely illustrated.

The claim made in several journals that Guiteau is legally responsible, because "he knew what he was about," now shows a fear of death, took measures to secure himself against mob violence, etc., sounds rather like the prevailing cant among a certain class of lawyers than the deliberate opinion of scientists. No competent alienist ever attached weight to the apparently and at times actually methodical actions of lunatics, except to consider those very lunatics more dangerous than their weaker-minded comrades, and therefore believed it incumbent to sequester such lunatics, before all others, for the safety

of society. There is not a scintilla of doubt in my mind, that in Guiteau with his hereditary history, his insane manner, his insane documents and his insane actions were to be committed to any asylum in the land, he would be unhesitatingly admitted as a proper subject for sequestration. The conclusion concerning his legal responsibility following from this is so self-evident that it will require no rebuttal of the "mad dog" argument urged in interviews and even in acknowledged works of merit, on my part, to distinctly set it forth. If the ridiculous dictum were to prevail, that lunatics are to be held responsible for all acts whose nature they appear to understand, our experts might sink to the intellectual level of the jury that pronounced Gosling sane, because he seemed to be well posted on the trial, without any loss to the science of medical jurisprudence. Gosling, in some respects at least, would at that time have behaved less absurdly than Guiteau; within sixteen months thereafter he died of paralytic dementia in a private asylum near Philadelphia!

A thorough study will convince an impartial and competent jury of medical examiners, before whom such a case should be laid, that Guiteau is not only now insane, but that he was never anything else, that his crime was the offspring of insanity, and that in every act he will betray the characteristic feature of querulent monomania. They will also conclude that, inasmuch as his insanity is not the result of his own vices, but based on a defective organization inherited from a diseased ancestry, anything like responsibility, complete or partial, is out of the question.

Not a day passes but adds another to the accumulating evidence in favor of the view here expressed. In a recent issue of the Herald, I find that the assassin has threatened President Arthur that unless he is allowed fees for witnesses, etc., he will publish documents that will ruin the Republican party. What but a complete confession of the logical apparatus can account for such vaporings, evidently made in all seriousness.

It will be a matter of regret if the Guiteau matter ever comes before a jury. The temper of the whole land, and justly so, was never before so much excited against an individual as against this assassin. Sane or insane, the narrow-minded official conducting this trial, whom Judge Hoar has already censured for his intemperate zeal that has carried him on more than one occasion beyond the legal limits in this case, will find "experts" who will be only too willing to chime in with the public against what public prejudice stigmatizes as the "insanity dodge." And while the death by the gallows of a lunatic, and particularly of one presenting the repulsive though morbid features of Guiteau, may be no material loss to the land or his family, yet it is to be feared that his conviction, which, if he is, as I strongly believe, clearly insane, would be nothing but a formal lynch process, will reflect great discredit on American medical jurisprudence.

Treatment of Intermittent and Remittent Fever.—This is a very satisfactory part of the discussion of this disease, since, by proper treatment, a large proportion of cases can be readily cured. And our remedy, as you know, which is most efficient here, is quinine. In my early practice it was the custom before giving quinine to

prepare the system for its reception by emetics, purgatives, and blood-letting, and then it was given in very small doses, and only in the hyperpyretic stage. I believe that I was the first in this country to give quinine in large doses. I gave it at once in full doses and at any stage of the disease.

What Dose Shall We Give?—To adults I give at once five grains, and repeat the dose every four hours until slight signs of cinchonism are detected. We give it this way to ascertain the tolerance of the individual for the drug. Having discovered this, continue it in full doses till the paroxysm no longer occurs, and in smaller doses for a long time afterward. It is generally given by the mouth, but may be given by the rectum, in double the quantity, by means of enemata. Or if these both be impracticable, by hypodermic injection, in doses about one-half less than by the mouth. But this latter means is apt to lead to abscesses.

There are many other remedies given, but none of them equal in efficiency to quinine. Among them are salicin, strychnia, ferrocyanide of iron, sulphate of berberin, nitric acid and the sulphites.

In effecting a cure, quinia acts as a toxical agent, destroying the low organisms on which the disease depends for its development.

We may sometimes abort a paroxysm by full doses of opium, or by pilocarpine. Very favorable reports of the efficiency of this latter agent have recently been recorded. Any measure that will arrest a paroxysm may effect a cure. During the paroxysms our treatment must be palliative, using with discretion the means that the indications may suggest. Iron should be given for the anæmia attending the disease; nothing will diminish in size the enlarged spleen so speedily as quinia.

We have now to describe a much more dangerous form of this disease, namely, pernicious or congestive intermittent fever, the distinctive feature of which is its fatality. It may terminate in death in a few hours. It is rare in temperate, but frequent in tropical climates.

The only anatomical appearance that distinguishes it from the benign form is the more strongly marked melanotic character of the tissues. We must remember that the pernicious paroxysms may be preceded by several of a benign character.

There are several varieties of pernicious intermittent. We may have simply a condition of profound coma in the cold stage, death taking place before the stage of fever. Or the coma may be accompanied by delirium, vomiting, purging, and convulsions.

Again, there may be simply great prostration, or this may exist with hæmaturia.

In the stage of coma we must use external and internal stimulants, study the indications, and treat accordingly. Our first object is to carry the patient safely through the first paroxysm, then to prevent its recurrence by quinine in full doses, pushed till cinchonism is produced. I give an adult 20 to 30 grains at once, and if a distinct impression is not produced in four hours, I repeat the dose, bearing in mind that the drug may be given in dangerous doses. Keep the patient quiet and warm, and when you expect another paroxysm give an opiate and try the abortive effect of pilocarpine.

Remittent Fever.—Simple remittent, often wrongly called bilious

fever, is really a variety of intermittent fever. It commences as an intermittent, develops into a remittent, and is followed by an intermittent. The same cause produces both. The difference is that there is a period of remission instead of an intermission, which lasts from three to twenty-four hours or longer, and may have the varieties of the simpler form of intermittent. It may be inaugurated by nausea and vomiting of bile, etc., but it is rare for typhoid symptoms to be developed.

Its anatomical characteristics are the same as those of intermittent. The disease seems to be more frequent in certain climates and certain years than in others. With reference to diagnosis, the remission will serve to distinguish it.

Treatment consists in the prompt administration of quinine.

There is a pernicious remittent fever to which the same remarks apply as to pernicious intermittent.—*Dr. Flint, in Med. Gaz.*

Treatment of Nasal Catarrh.—Dr. Griffith, in Medical and Surgical Reporter, says: For a number of years after graduating, I had a dread of treating catarrh, after hearing Dr. Agnew state, in one of his surgical clinics, that he never cured a case in less than six months, and it often required as much as one year. The very idea of the douches, washes, syringes, atomizers, vaporizers, bougies, etc., were repellant. I found the profession gave the subject but little attention; patients generally drifted into the hands of advertising philanthropists, clergymen retired, and otherwise, Indian doctors, east and west, quacks, etc. Perhaps two persons out of every five are afflicted with it, more or less. Thousands of cases have been treated, without cure or relief, by eminent and skillful physicians. The natural result is that post-nasal catarrh is considered incurable by the people.

The cause of failure has been due to a want of a proper understanding in the treatment. Some have treated it altogether locally, while others have relied on constitutional treatment alone. The proper plan is a judicious combination of both.

The trouble and expense attached to the treatments heretofore recommended have deterred both physician and patient from undertaking or undergoing a trial.

I do not propose to enter into a history of its etiology, pathology, etc. Its various forms, perhaps, originate from the same cause, its names, only varying in degrees and localities.

Its treatment is what we are particularly interested in. The cause should be inquired into, and removed, if possible. Observe the condition of the general health, the secretions of the alimentary canal, the kidneys, liver, skin, etc. These should be placed in proper condition if defective. If syphilis or scrofula exists they should be treated accordingly.

It is not necessary to go over the rounds of treatment ordinarily adopted. They are familiar, and are found in most text-books and journals.

Of all the therapeutic agents, I value none more highly than the preparations of petroleum, both locally and constitutionally. Having used pills prepared from condensed petroleum, or petroleum mass,

very extensively in bronchial and lung diseases, and having been time and again informed by patients that they cured their catarrh, I have used nothing else as a constitutional remedy for several years, and effected a cure in nearly all my cases, unless the catarrh was kept up by hypertrophy of the nasal mucous membrane. The formula I have usually used in making these pills is as follows—

R	Petroleum mass.....	3j,
	Pulv. cubebæ.....	} aa 3ss.
	Pulv. ipecac comp.....	
	Make pill mass—four-grain pills.	

Sig. One three or four times a day.

Use chlorate of potash in making Dover's powders, instead of sulphate. The petroleum and cubebs, by their specific action on the mucous membranes or respiratory tract, heal and soothe; they loosen up the debris which keeps up the irritation. In *ozæna* their action is palliative; much relief is often obtained; spiculæ of bone are often thrown off and discharged. I formerly used kerosene diluted with milk and used as a spray in an atomizer; this often gave satisfactory results, but since using the pills I have not found it necessary, only in exceptional cases, to resort to local treatment. I have had but a few patients that found it necessary to use the pills more than two or three months; often cases are cured in as many weeks. I now rather solicit business in that line, but formerly I preferred that the patient would go elsewhere. The plan is cheap, convenient, and efficacious. It has this to recommend it, that catarrh is often associated with other diseases of the respiratory apparatus, and no more efficacious treatment is found than the preparation above described. It is my sheet anchor in coughs, colds, asthma, bronchitis, and the best palliative in phthisis pulmonalis. The article by Dr. Strother, in July 2d, 1881, number of the Medical and Surgical Reporter, has brought to my notice many cases and reports of its therapeutic value. Being now located in the oil regions, I will supply samples to the profession, and hope they will report results.

Acute Rheumatism.—Among the prevailing diseases, rheumatism, in some of its various forms, is reported by physicians from every section of the country. Some correspondents ask for a remedy that will quickly lessen the temperature in the early stage of the disease. During past years I relied principally upon some one of the special sedatives to control the circulation and prevent the retention of heat, and full doses of salicylate of soda (or salicylic acid) and salicin to lessen oxidation. And the results obtained were quite satisfactory—often completely relieving the rheumatic sufferer in from five to twelve days. But this treatment nearly always required to be supplemented by agents to stimulate secretion and excretion in order to free the patient's organism of the poisonous elements of waste; or else a subsequent attack was almost sure to follow, and especially if the patient was exposed to sudden atmospheric changes. Recently, I have thoroughly tested the efficacy of *pilocarpus pinnatifolius*, in the incubating stage of acute rheumatism, and obtained speedy and gratifying results. The administration of this drug (*jaborandi*) should be made before the

temperature reaches 102 degrees; and if the patient complains of great soreness of the muscles, with diminished capillary elimination, free draughts of warm diluents should precede the remedy, and the patient's bedroom should be kept at a uniform temperature of about seventy degrees. Fl. ext. pilocarpus pinnatifolius, dose, 3ss; and if free sweating does not result in thirty minutes, repeat with warm diluents at short intervals until sweating ensues, after which the intervals should be lengthened to three hours, if a prolonged action of the drug is desired. However, a repetition is not often needed, as the temperature will usually be lessened one to three degrees in as many hours. A few doses of quinia sulph. or salicylate of soda will complete the cure. Many physicians withhold quinia until the temperature is quite under control, and by relying upon infinitesimal doses of aconite often fail to check the causes of the inflammatory process until the disease passes beyond their control, and requires from four to thirteen weeks for "a full run." The list of cases treated by jaborandi embraces four cases of "sciatica" (with a history of one to four attacks each). These proved very tractable after the "free sweat."—*Chicago Medical Times*.

Syphilitic Alopecia.—True syphilitic alopecia may exist under two different conditions, either the specific eruptions extend to the scalp and thus bring about the fall of hair, which is exceptional; or, which is more frequently the case, patients see their hair falling out without the least lesion of the scalp, and without being able to give a certain interpretation of these facts. It is not always easy to tell why certain cases of syphilis bring about, more than others, the fall of the hair; this accident is met with in all forms of syphilis, the benign as well as the malignant. Generally speaking, there are certain cases which, more frequently than others, cause the fall of the hair, and they are such cases as are from the start complicated with anæmia, debility, bad condition, and bad nutrition.

Syphilitic alopecia presents certain peculiar characters. It occurs without the patient experiencing any sensation aside from the fall of the hair. It is not systematic and has no special seat. The hair falls indifferently at all points. However, it may be seen under two aspects a little different—sometimes the hair is shed in a manner almost regular; again, it falls off in patches, when it is termed alopecia areata. In the majority of cases the two forms are associated together.

Syphilitic alopecia possesses another characteristic frequently overlooked, and that is, that it is always temporary. It lasts some months, a year or more, when all the hair sprouts up again, even in cases in which the scalp had been entirely denuded. In the case observed by M. Fournier and cited above, the hair was reproduced very beautiful and thick. So this accident which affects so many patients is of no particular gravity, time and treatment always bringing about a cure.

In certain cases syphilitic alopecia destroys the beard, the eyebrows, and all hair covered portions of the body. Alopecia of the eyebrow is a symptom which should at once put the physician upon the trail of diagnosing syphilis. It acts precisely as it does upon the head, that is, that sometimes it renders the eyebrow thin, sometimes removes the hair completely, to a greater or less extent. When the eyebrow is dis-

covered broken by a bald line, this single symptom is almost pathognomonic of syphilis. For the baldness, which often attacks the brow, proceeds differently and denudes entirely the superciliary region.

The therapeutic indications to carry out are extremely limited, although it is customary to use all local remedies. These means, indeed, are superfluous, and can only act by stimulating a little the growth of the hair, which commences always at a certain time. The only real remedy is the mercurial treatment; but it should be remembered that the prejudice which attributes the loss of hair to the use of mercury, is one of the most difficult to combat. That idea has existed for four centuries. Fracastor has already combatted this erroneous idea, and now the demonstration of its fallacy can easily be made, for it is by thousands that the number of syphilitic cases can be counted, which have lost the hair without ever having taken mercury, while the patients whose hair grow out while under mercurial treatment are not less numerous.—*Journal de Medicine et de Chirurgie. Nashville Journal of Medicine and Surgery.*

Treatment of Typhoid Fever by Salicylate of Soda.—M. Caussidou made a communication to the meeting of the French Association for the Advancement of Science at the Congress of Algiers, which was based on thirty-two cases of typhoid fever treated by salicylate of soda, and in which the rise of the temperature and the influence of this drug on the febrile process had been registered with the greatest care, as attested by numerous tracings shown by the writer. M. Caussidou arrived at the conclusion, in opposition to the facts observed in several wards of the Paris hospitals, that salicylated medication gives larger, more certain, and more permanent effects than refrigeration. M. Caussidou has even been in doubt if, by administering salicylate of soda from the outset of typhoid fever, it would not be possible to limit the duration of the disease to the first week (?), and if, at least it would not be possible to obtain a number of cases belonging to the abortive form. Nevertheless, M. Caussidou does not conceal the dangers of salicylate medication. Like other observers, he has noted dyspnoea, precordial trouble, and exhaustion in patients where the salicylate of soda brought on a two sudden apyrexia. To avoid these objectionable results, he proposes to administer salicylate of soda in fractional doses of one gramme given every two hours, and to stop as soon as the temperature falls below 38° Cent. (100.4° Fahr.) In a complicated case of erysipelas, the salicylic medication was powerless to produce a febrile recrudescence brought on by this complication. M. Herard declared that he had nothing but commendation for the use of antiseptics, such as carbolic and salicylic acid, in the treatment of febrile diseases.—*London Med. Record*, July 15, 1881.—*Medical News and Abstract.*

Acetic Acid in Small-Pox.—Dr. D. S. Oliphant, of Toronto, writes to the United States Med. Invest., June 15th, that in 1873, he made note from Medical and Surgical Reporter, as follows: The small-pox making great ravages in the mountain district of Austrian Silesia, the government sent Dr. Roth there to test the use of simple vinegar, which he asserted would destroy the germinal cause of the disease in

all cases. He declared that the germ was similar in structure and growth to the yeast germ, and could not live in contact with Acetic Acid. The report he made to Government on his return home was a marvelous one, of an almost universal success. As a prophylactic, he ordered two tablespoonfuls of common vinegar, with or without water, one hour after breakfast and towards evening for fourteen days. For half-grown and feeble persons one-half this dose. Fumigate sick chamber twice daily with vinegar evaporated from a heated shovel or plate. Dr. Oliphant gives three cases in which he employed vinegar in small-pox, both as a remedy and prophylactic, with complete success. He says that he called in 1879 on editor of Canada Lancet, suggesting publication of these cases, which was declined for want of sufficient evidence. Traveling in the fall, he found in the Baltimore American a full report of special committee on small-pox to Maryland Medical Society, closing with these remarkable words: Of all the virous methods of prophylaxis and cure which have come under the notice of your committee during the recent epidemics, none have proved so successful as the so called "Vinegar cure. Dr. O. wishes "some of the brethren would try this method of cure and report progress."—*N. Y. Medical Times.*

Treatment of Epilepsy.—For the benefit of Dr. Miller, of Eureka Springs, Ark., I give my treatment of epilepsy, which has been quite satisfactory to me, and may prove useful to him and others in like dilemma. I first remove all cause as far as possible, and put my patients in the best condition I can by appropriate treatment. I then put them on the following—

R Potassii bromidi..... gr. xx,
Ammonii bromidi..... gr. x.

Mix. Sig. For one dose, three times a day. At the same time I give 1-100 of a grain of sulphate of atropia three times a day, and continue this treatment for six or eight months, after which stop and give—

R Zinci valerianatis..... ʒj,
Ext. belladonna..... gr. v,
Acidi arseniosi..... gr. j,
Ext. gentian..... q. s,
Pill No. xxx.

Mix. it. The first week give two pills a day; the second week, three pills a day; and the third week, four pills a day, until all are taken. When I refill this prescription, I double the amount of zinc, and after about one month on this course, I go back to the bromides again for six or eight months, and then change again to the pills, alternating in this way, and continuing the treatment for two or three years. If the patient becomes anæmic from continued use of the bromides, give iron in any convenient form; I prefer dialyzed iron. The above is the treatment I pursue in epilepsy, and can only hope that it may prove as useful to others as it has been in my hands.—*Dr. Davis Thera. Gazette.*

For Nervous Diarrhœa—I find tepid baths, night and morning, with internal treatment of sub-nit. bismuth and small doses of freshly pulverized nux vomica, followed by bromide of potash, to effect a cure. In treating inflammatory diarrhœa, our first endeavor should be to obtain a clear diagnosis, and as far as possible not be misled by the patient or its mother. I have often, for instance, seen children who not only would tell me that their whole abdomen pained them, but who would flinch and go on in the most dreadful manner, whenever an attempt was made to examine them, while at the same time there would be no evidence of inflammation, either in the stools or record of temperature taken night and morning. Having ascertained that inflammatory diarrhœa really exists, what is the first thing to do? Is it to give mild purgatives and then strong astringents and opium mixture? By no means. Is it to try some highly recommended preparation or some doctor's favorite prescription? I say most emphatically, no. Every case of inflammatory diarrhœa I have seen has some condition or symptom peculiar to itself. What we should do first of all in these cases (and this applies equally well to all forms of diarrhœa) is to attend promptly to the action of the skin. There being more or less early suppression of the cutaneous secretions, the consequence is a great tendency for the skin to become dry, rough and harsh. To relieve this the child should be bathed morning and evening with warm water, and once freely anointed with camphorated oil; care should be taken to see that flannel is worn next the skin, and in very severe cases a flannel bandage kept around the waist. After using the usual remedies given in the first stages of inflammatory diarrhœa, I know of no better preparation, or one that will give such uniform success as Dover's powder, with the addition of chalk and camphor, which combination was first mentioned by Dr. H. D. Vobourgh, of Lyons, and is made as follows:

R	Opil pulv.....	} aa ʒi.
	Ipecac pulv.....	
	Potass. nit. pulv.....	ʒiv,
	Pulv. camp.....	} ʒii.
	Cretæ preparat (English).....	
	Rad. glycyrrhizæ pulv.....	

The chalk must be carefully ground with the gum camphor, in order to keep it in a perfect powder, and then the other ingredients added. Dose in proportion to age. The camphor not only acts beneficially as a stimulant, but being chiefly eliminated by the skin and bronchial mucous membrane, assists the action of the Dover's powder.

For the chronic stage of inflammatory diarrhœa the fluid extract of Bael, lately prepared from the Bael fruit, will be found to do well and may be given in conjunction with the usual tonics given in these cases.—*Maryland Med. Jour.*

Eucalyptus Globulus.—During the summer of 1879, I was called to visit the White Bluff Female Orphanage of 65 little girls, nine of whom were then sick with well-marked symptoms of "Diphtheria" and very bad cases, two having died from the disease before

my arrival. I gave with each dose of quinine from 5 to 10 gtt of Fl. Ext. Eucalyptus, (Tilden & Co.'s), the largest children frequently gargling with sulphite soda, eucalyptus and water, the atomizer being used when a child resisted; the preparation of iron used was the Bedford Iron Alum mass. All not yet taken received the same treatment, and out of the whole number of cases thus treated, nineteen in all, none died. This is not stated egotistically, but with the intention of directing the attention of medical men to this subject; for an agent producing such excellent results is certainly worthy of note.

The cause of the infection was traced to a dry brick well over which the wash house had been built, unknown to the inmates, and which had become half filled with putrid water; the first nine cases were those girls who had washed at that time, a positive evidence. Since then I have treated (two in my own family) many cases with like results: in the family of Mr. J. T. R., of five children, one of the worst cases I ever saw, a very obedient and tractable girl,—recovery—the other four escaped.

With such results before us, certainly no one will deny that eucalyptus possesses antiseptic virtues if nothing else; used as a mouth wash it corrects foetid odors, etc., to go into further details would, however, extend unnecessarily this article which is submitted for your use.

S. F. DUPON, M. D.

—*Monthly Review of Medicine and Pharmacy.*

New Method of Producing Anæsthesia in the Larynx.—Prof. Rossback, in the *Ann. des Maladies de l'Orille, de Larynx, et des Organes Connexes*, Sept., 1881, describes his method, which consists in an attempt to suspend the conductivity of the trunk of the sensory nerve of the larynx so as to produce complete anæsthesia of that organ. The trunk of the sensory branch of the superior laryngeal nerve reaches the interior of the larynx by penetrating the thyrohyoid membrane, below the extremity of the greater horn of the hyoid bone. At this point the nerve trunk is very superficial, and it is very easy, by means of ordinary agents, to destroy its conductivity. The author uses subcutaneous injections of morphia, 0.005 grm. at this point on both sides of the neck. Success was complete. He also found by experiments made on healthy subjects, that the conductivity of this nerve could be suspended by cold. He used for this purpose a Richardson's atomizer, with two jets so arranged that the spray is thrown on both nerves at the same time. A spray of ether served in less than two minutes to render the interior of the larynx entirely insensible of contact with a foreign body. The author thinks that this method might be of use in cases of reflex spasm, where the point of departure is in the interior of the larynx, as well as in painful affections of this organ.—*Medical News and Abstract.*

Human and Animal Variola.—Does cow-pox or vaccinia result from the transmission of variola in the cow? In a late work by the President of the Royal College of Veterinary Surgeons, London, reviewed in the *N. C. Medical Journal*, we find the following:

"The experiments of the noted Commission of the Lyons Society of Medical Sciences are concisely summarized, and will repay a care-

ful reading. The French Academy of Sciences awarded the Montyon prize, value 2,500 francs, to Chauveau, Viennois and Meynet of the Commission. The following we extract from the verdict of the Academy: 'In establishing that vaccinia and variola, notwithstanding the features which assimilate them in animals as man, are, nevertheless, totally independent of each other; that these viruses form two distinct individualities; that the two affections thus constitute two different, immutable species, which cannot be transformed one into the other; that, consequently, to seek to produce vaccinia from variola would be to pursue a dangerous chimera, which would revive all the dangers of inoculation of by-gone days.' "

Potassium Bromide in Orchitis and Inflamed Breast.—

Dr. J. Grainer observes, in the Virginia Medical Monthly for September, 1881, that when consulted in time, he finds nothing else necessary, either in orchitis or milk breast, but potassium bromide, in five-grain doses three times a day, or smaller doses more frequently repeated. In advanced or complicated cases, he thinks that auxiliary methods should be used, if only as a precaution, or to expedite the cure; but he has never had the bromide to fail him, even when used alone. In orchitis, a suspensory should always be worn. In some of these cases he has seen the disease held in abeyance for weeks, when the patients would persist in the grossest imprudence, in walking and in horseback-riding. He rarely restricts them in diet. Yet even these cases eventually recovered, without suppuration or atrophy. He has had no opportunity to test it in the metastatic orchitis of mumps, but feels sure it will prove as useful as in the ordinary cases, and he expects to find it sufficient in the next epidemic forms of parotiditis he may meet with.—*Med. and Surg. Rep.*

Defer's Method of Treatment of Simple Hydrocele.—

Dr. Rol, in the Bull. de Ther., praises this method of treatment, of which he gives the following description: The hydrocele is punctured with cannula and trocar, as usual, and evacuated; through the cannula is introduced a sound, on the end of which is fused a little piece of nitrate of silver; the interior of the tunica vaginalis is then rapidly touched at different points with this caustic, when the sound, and after it the cannula, are withdrawn. The results of this mode of treatment are said to be excellent. Notwithstanding the occurrence of a sharp inflammation, lasting five or six days, a cure is generally obtained, not by adhesion of the two surfaces of the tunica vaginalis, but by a simple vital modification of that membrane. The return of the effusion is rare. Defer's operation is thus described as perfectly safe, thoroughly efficacious, and easily performed.—*Med. and Surg. Rep.*

Male Wet-Nurses.—The Journal de Seges Femmes, has a notice of a German physician in Pomerania who makes a specialty of supplying wet-nurses. He excites the secretion of milk not only independently of pregnancy, but in men as well as in women. An applicant for a wet-nurse is always asked whether *male* or *female* is desired. The former is preferred by some families, under the belief that greater vigor is thus imparted to the infants.—*N. Y. Med. Times.*

Burns.—S. W. Stockslager, M. D., (in *Chicago Medical Journal and Examiner*), says: Seeing so many editorials on maternal impressions, brings to mind a case which strongly impressed me with the positiveness of maternal impression.

I was called on May 23, 1881, to attend a multipara, she being healthy in every respect, but that she had burned her wrist some two months before, and that an old lady had told her that her baby would be marked just as she had been burned, that she had better have a doctor, and then, when the baby was born, the doctor could remove the marks, obliterating all traces of them. Therefore I was called. She was crying when I arrived—afraid her baby would be marked. I told her there was no likelihood of that, and to quiet herself, and not cross the bridge until she came to it. But, lo, when the child was born about two hours after, there was the exact counterpart of the burns on the mother. Although the mother's had entirely healed, the infant's looked like a burn done fifteen or twenty minutes afterward. I treated it just as a fresh burn, and it made a complete recovery without any marks remaining.

Does any one need any stronger evidence of the effect of maternal impressions?

Protective Syphilization.—It is an established fact that repeated inculcations of an individual with venereal virus will finally make him proof against the disease. The experiments of Boeck and others, disgusting as they were, developed this fact. Starting from that position, there would be nothing unreasonable in the inference that syphilization "in the natural way," pushed to a great extent, may produce a similar protective influence. Indeed, we know that this is true to a certain extent in gonorrhea. Dr. Eldridge's statement of the vigor and healthfulness of the children of Japan, taken in connection with the fact that their parents have almost invariably suffered from syphilis, is in point. Is it not possible, nay probable, that the character of various diseases may be modified in a series of generations by this means? And will not the same explanation account in part at least, for some of the known changes which have taken place in the forms of disease within the period of history? The subject opens a wide and interesting field for investigation.—*Pacific Medical and Surgical Journal*.

THE Camphor Tree has been planted near Los Angeles, California, with every prospect of success. Why not also the cork oak, which is proved by a tree or two to be perfectly adapted to the climate, there being a good sized one in the town of Santa Barbara. It is too slow for American enterprise?—*Gardner's Monthly*.

Eucalyptol in Albuminuria.—Dr. Bauer, of St. Louis, reports several cases of Bright's disease, with marked dropsy, cured by Eucalyptol. The patient had suffered from malarial fever, and there was enlargement and sensitiveness of the liver and spleen. The drug was given in doses of five drops in emulsion, gradually increased to fifteen four times a day, with speedy relief from the dropsy, and an entire cure of the disease in ten weeks.—*N. Y. Med. Times*.

Bicarbonate of Soda in Tonsillitis.—*La Press Med. Belge*, July 17, 1881. Dr. Gine, Professor of Clinical Surgery at Madrid, states that bicarbonate of soda, applied topically and repeatedly to the tonsils, is of incontestable efficacy in quinsy. The remedy may be employed by insufflation through a paper tube, or may be applied by the finger, even by the patient himself. Dr. Gine has rapidly cured dozens of cases by this procedure. In no single case was the application entirely without effect; most commonly a cure was obtained in twenty-four hours. Alleviation took place, ordinarily, at once. In none of his cases was it necessary to wait long for relief.

But he especially recommends this remedy in the prodromic period to abort the disease. Dr. Gine considers tonsilotomy for enlarged tonsils as an entirely useless operation, for this affection is always overcome in a relatively short time by the frequent application of bicarbonate of soda.—*St. Louis Clinical Record*.

Œsophagoscopes.—At the meeting of the Royal Society of Physicians, of Vienna, held May 6th, Prof. Stork exhibited his improved Œsophagoscope. Fastened to the staff which is to be introduced into the pharynx, is a straight metal tube, which takes the place of the former elastic tube. The metal tube consists of three tubes, which fit into each other; these, by means of a screw arrangement, can be extended so that the tube acquires a length of eight inches and will reach to the cardia.—*Wein. Medizin Wochenschr*, May 14. Dr. Morrell Mackenzie has invented an Œsophagoscope with which a person can view the lining membrane of the Œsophagus and possibly even catch a glimpse of the stomach. The Œsophageal part consists of two parallel bars, which, after introduction, are opened by an arrangement at the handle and rings separating the bars. A laryngoscopic mirror is attached to the end of the handle.—*Brit. Med. Journal*.

Chorea of Childhood.—Dr. S. W. Mitchell, (in *Chicago Medical Journal and Examiner*.) says: Stormy weather, spring time and schools influence the disease, which has a tendency to recur. Puberty is causative also. This is essentially a disease of cities, and is rare in the Negro. Arsenic is the best remedy.

Habit Chorea—Also a disease of childhood—consists in rapid and repeated twitching of some muscles; rapid winking, shrugging of the shoulder, etc. Most common in girls from seven to fourteen years of age. There has been some fall from the plane of health. A cause cannot always be detected. The child's restraining power is not well exercised. Good and careful diet, light gymnastics, no school, gentle aperients, full doses of arsenic, form the best treatment.

It is not so very long since a suggestion made by the surgeon Carl Theodor Warren to remove cancer of the stomach was looked upon as "a beautiful dream of youth." However, Prof. Czerny demonstrated practically, about four years ago, that a person can continue to live after the whole stomach has been removed. He cut out the entire stomach, and stitched the Œsophagus to the intestines, and the digestive functions were carried on very well and the patient had good health.—*Edinb. Med. Jour.*, May, 1881.

Quinine Elimination and Absorption.—Lepidi-Chioti, (Press Medicale Belge,) after a series of experiments on this subject, comes to the following conclusions: That quinine is certainly not eliminated by the saliva or by the perspiration. It is not absorbed after frictions on the skin. When administered hypodermically it appears in the course of some thirteen to fifteen minutes in the urine, and if the *prima viæ* be in a good condition it is to be found there in from fifteen to eighteen minutes after being administered by the mouth. When an enema containing quinine has been given it is to be detected in the urine within forty minutes thereafter.—*Chicago Medical Record*.

Tartrate of Quinoline.—Dr. Donath said that, as regards its physiological action, he found that tartrate of quinoline lowers the temperature of the body materially when introduced into the circulation; in the proportion of 0.2 per cent. it completely prevents the lactic fermentation of milk, the decomposition of urine and gelatine, and the development of bacteria in artificial cultivating-fluids. Therefore, tartrate of quinoline is superior in antiseptic power to sodic, salicylic, carbolic acid, quinine, boracic acid, copper sulphate, and alcohol. In the proportion of 0.4 per cent. it prevents the putrefaction of blood and the curdling of milk. In the proportion of 1 per cent. it completely destroys the coagulability of the blood, and lowers the temperature at which albumen coagulates. It is decomposed in the system and does not appear in the urine. Therapeutically, quinoline is a very powerful antipyretic in enteric and intermittent fever; it has a striking effect in periodic neuralgia, and is an excellent local antiseptic. It may be given to adults in doses of one to two grams (fifteen to thirty grains) wrapped up in wafers. Children take it easily dissolved in equal parts of syrup and distilled water. It does not cause any unpleasant after-effects, and the absence of giddiness and tinnitus is especially noted.—*London Med. News*.

Effects of Light on the Skin.—It has been observed by Dr. Weber that the sensibility of the skin is very much increased in those parts of the body which are always exposed to the light, and this difference has even been measured by that eminent physician. This remarkable fact is especially observable in persons suffering from small-pox, the severity of the disease being visibly augmented if the patient be not confined in a dark room. Dr. Waters states that if the room be so darkened that not a single ray can enter it, the effect is to arrest the disease at the papular or vesicular stage, it never becomes purulent, and the skin between the vesicles is never inflamed or swollen, the liquor sanquinis is not changed into pus, nearly all the pain and itching are absent, and the smell is, if not entirely removed, greatly diminished. Another advantage, important in a therapeutical point of view, is the assistance given to medicine, the absence of light increasing the excretory powers of the skin.—*Druggists' Circular*.

A CASE of acute urticaria from a single three-grain dose of iodide of potash is reported in the *British Medical Journal*, May 21st. There were none of the usual symptoms of iodism present.—*Marnland Med. Journal*.

SCIENTIFIC ITEMS.

To Hear the Grass Grow.—At a recent meeting of the Silesian botanists, an apparatus made by Thomas and Lugel was exhibited which permits us to measure the rapidity of the growth of a plant. The latter is connected with an index which advances visibly and constantly, and exhibits the growth on a scale fifty times magnified. If this index be connected with an electric hammer, the current of which is interrupted as the index passes over the divisions of the circle, the growth of the plant will not only be visible, but also audible to the ear; hence the phrase "to hear the grass grow" will no longer be without a literal meaning.—*Jour. of Chem.*

Cotton-Seed Oil.—The American Consul at Naples reports that cotton-seed oil has already found its way into the remotest mountain villages of Italy, so that unadulterated olive oil is as rare there as here. If the resemblance is, as he says, so great that the most expert cannot detect the mixture, what real harm is done? Why not save the freight from here to Italy and back, as well as the double duties, give to it some less objectionable name than it now has, refine it most carefully, and use it as salad oil? It is said that it is used in New Orleans for making artificial butter, and we could easily believe that the artificial butter would be better than the natural Southern butter.—*Ibid.*

Giants and Dwarfs.—(*Revue d' Anthropologie.*) The following is from the London Times of last year: "A committee of the London Anthropological Institute has been appointed to report on three persons who have been on exhibition at the Royal Aquarium, whose stature is very abnormal.

The first is a Chinese, named Chang, thirty-three years of age, who measures eight feet and two inches in height; sixty inches around the waist, and weighs 320 pounds. He is educated and speaks five languages. His type is Mongolian, and his features express good nature.

The second is a Norwegian, named Brustad, aged thirty-five years, whose stature reaches seven feet nine inches, his weight being 340 pounds.

The third, a dwarf, is named Chermach; he is forty-two years old, and is twenty-five inches in height. He speaks English fluently, gives a description of himself to his visitors and recites a Chinese elegy for them. He is the smallest dwarf ever seen."

In this the Times is in error, the smallest known is cited by Buffon from Birch, and measured forty-three centimeters ($= 16\frac{3}{4}$ inches) at thirty-seven years of age. Another, Jeffery Hudgson, aged twenty years and measuring the same, is celebrated. He was presented by the Duchess of Buckingham to Queen Henriette Marie, of France. At the end of a dinner, he used to leap out of a pie, armed from head to foot, and sword in hand he would parade the table.

On the other hand, the greatest of the giants are the famous Fin-

lander Caianu, who attained two meters, eighty-three c. m. (= 9 feet, 3 inches), an Austrian giant of two meters, 55 c. m. (= 8 feet, 4 inches), of whom a cast of the leg bone figured at the exposition of anthropology in 1878, and the Kalmuck, Ivan Louschkin, whose bones are in the Orfila Museum at Paris, who was two meters, 54 c. m. (= 8 feet, 3 $\frac{3}{4}$ inches) in height.—*Clinical Record*.

Electricity of Rubber.—An interesting illustration of the danger attending the manufacture of some kinds of rubber goods was shown in the origin of the fire which occurred in the Aetna Rubber Mills at Jamaica Plains. The cement which fastens the seams of rubber coats is largely made of naphtha. The mere act of lifting a piece of rubber cloth from a pile of half a dozen similar ones cut for garments, developed so much electricity that a spark was observed to escape. It came in contact with the naphtha cement or with gases arising from it, and instantly the whole room was in a blaze. Fortunately the fire was extinguished without destroying the mill, the loss being only about a thousand dollars.

It is not known that anything can be done to prevent the occurrence of another accident of precisely the same kind whenever all the atmospheric conditions are favorable. One would suppose, however, that a certain degree of dampness would remove all danger from that source.—*Weekly Journal*.

Petroleum on Trees and Bushes.—At a recent meeting of the California Academy of Sciences, Dr. H. Gibbons said that since he put petroleum on the trees in his garden they have grown better and faster than ever before, and given better roses than before. The petroleum seems to kill the scale insect. The handsomest rose he exhibited was from a bush which looked nearly dead a short time before. The petroleum was mixed with castor oil. It is applied sparingly, and great care taken that it does not run down the roots. Perhaps in a crude state the petroleum would be bad, even on the stalks; but mixed with the castor-oil it appears to be advantageous to the plant.—*Jour. of Chemistry*.

Tincture of Chloride of Iron.—Dr. Squibb, in Boston Journal of Chemistry, says: "In regard to the tincture of the chloride of iron, the last committee of revision of the U. S. P. made a mistake which is to be corrected in this revision. Tincture chloride of iron is not fit for use until at least six months old. I never send out any that is less than six months old, and have now changed to make it a year old. An important part of its therapeutic value depends upon ethers that are generated slowly from the large excess of HCl [hydrochloric acid] and the alcohol, and any one who will compare the sensible properties of an old with a recently made tincture will see how very different they are. The present U. S. P. therefore, in permitting the acid solution of the chloride to be kept and sold separately, so that the pharmacist can make up his tincture as he wants it, makes a great mistake, and on that account I have never made nor offered the solution of the U. S. P. for sale.

PRACTICAL NOTES AND FORMULÆ.

The Use of Quinine.—I see in No. 15, current volume, where S. S. F., of Pa., puts some queries that have not been answered. 1st. To disguise the bitter taste of sulph. quinine entirely, is next to impossible, but here are three methods which greatly diminish its bitterness—

R Quiniæ sulph. gr. xij.
 Acidi tartarici gr. vj.
 Syrup aurantii corticis f. ʒij.

M. Sig. One to two teaspoonfuls.

R Quiniæ sulph. gr. xij,
 Syrup acaciæ } aa f. ʒiss.
 Aqua cinnamomi }

M. Sig. Shake well. Dose, one to two teaspoonfuls, followed by a hearty draught of water. Is nearly tasteless, the quinia salt being in suspension, not in solution.

R Quiniæ sulph. gr. xij,
 Syrup sarsap. comp. ʒiss,
 Acidi tannici gr. ij.

M. Sig. Dose, one to two teaspoonfuls.

Now, in regard to preventing relapses in intermittent fever or ague, my experience is this: There is no known remedy, unless taken continuously for some time, that will prevent a return of the paroxysms: that is, the patient still remaining in a malarious locality. But S. S. F. will find that the disease is not so likely to recur if checked with the following—

R Cinchoniz sulph. gr. xx,
 Pulv. capsici } aa gr. v,
 Pulv. ext. colocynth, c., }
 Pulv. iwecac, comp. gr. x.
 Ft. chart. No. x.

M. Sig. One every two or three hours; the last one to be taken two hours before the expected chill.

This prescription should be given in wafers or capsules. A purgative is hardly ever required, as the colocynth combined generally moves the bowels sufficiently; and another great advantage of this prescription is its small cost, which is quite an item to those physicians who, like myself, have to furnish their own drugs; and last, is its certainty; it will not fail as often as sulphate of quinine.

I have been fighting malarial diseases in a very malarious vicinity for the last ten years, and where the disease shows a stubborn tendency to return, I prescribe the following bitter—which is bitter sure enough, but will do the work if taken according to directions:

R Sulph. cinchonidia or quiniæ ʒij,
 Ferri cit. ʒiij,
 Spiritus frumenti Oij.

M. Sig. Tablespoonful before each meal.

3

This amount is generally sufficient to eradicate any case of simple ague, and has a tendency to give the patient an appetite, and remove that sallow and anæmic condition so universally found in those in whom ague has become chronic. I do not think there is any likelihood of the patient having an appetite created for stimulants, from this prescription. This is rather an expensive treatment when arsenic is so cheap, but arsenic is not so certain, nor does it meet all the indications so well; but a solution of arseniate of potassa, weak about with the above, is very good treatment.

This article is a great deal longer than I expected it to be when I commenced. But if you think it would be of advantage to S. S. F., or any of the profession, publish it; otherwise, file it away in the waste basket.—A. P. LEVICK, M. D., in *Med. and Surg. Rep.*

Antiseptic Inhalation.—There can be no doubt of the benefit derived from antiseptic inhalation in phthisis. This benefit is chiefly in quieting the cough, and doing away with enough mixtures which are so sure to disturb the digestion. As a working formula Dr. J. G. Sinclair Coghill, of the National Hospital for Consumption (*British Medical Journal*, May 28, 1881), uses the following:—

R. Tinct. iodi ether,
Acidi carbolic. aa. ℥ij
Creasoti (or thymoli) ℥j
Alcoholis. ad ℥j. M.

When the cough is urgent, chloroform or ether may be added at discretion. This is to be used in a respirator.—*Medical and Surgical Reporter.*

Hop Bitters.—We find in an exchange the following, given as the composition of this nostrum:—

R. Tincture of hops. f. ℥ ss
Tincture of buchu. ℥ iij
Tincture of senega. ℥ iij
Podophyllin, gr. j dissolved in spirits of wine, ℥ ss
Tincture of cochineal. gtt. xx
Distilled water. ad ℥ xvj. M.

The cost of these ingredients, based on prices quoted, amounts to about ten cents. The selling price of the mixture is one dollar.—*Medical and Surgical Reporter.*

For Dyspepsia.—

R. Sodii bicarbonatis. ℥ ij
Tincturæ nucis vomicæ. ℥ j
Tincturæ gentian comp.,
Tincturæ rhei simplic. aa ℥ j M.

Sig.—Shake well. Teaspoonful three times a day.—*Dr. H. Engal.*

A Combined Stomachic and Laxative.—This will be found serviceable in indigestion from stomachic debility and biliousness:

- R. Ext. boldo fluidi.
 Ext. rhamnus pursh. fluidi.
 Ext. cuonymi purp. fluidi.
 Glycerinæ, aa ʒss.
 Ext. nucis vomicæ fluidi, ʒj.
 Aq. cinnamomi, ʒj.

M. Sig.—A teaspoonful three times a day.—*Thur. Gazette.*

For Gonorrhœa.—Here is another candidate for the \$100 prize. It is submitted by Dr. J. H. Buchanan, White Bluff, Tenn.:

After preparing the system as may be required, give the following internally for the first stage:

- R. Ext. buchu fluidi.
 Spts. etheris netrosi, aa ʒij.

M. Sig.—A teaspoonful three times a day.

- R. Ext. hydrastis canadensis, fl. ʒj.
 Aquæ ros. ʒjv.

M. Sig.—Inject twice a day

For the second stage of inflammation: Continue the first prescription internally and inject the following:

- R. Quiniæ sulph. gr. ij
 Acidi sulph. dil. gtt. viij.
 Aquæ ros. ʒj.

M. Sig.—Half of this mixture to be used at an injection.

In the third stage give internally:

- R. Tr. cantharidis, ʒj.
 Quiniæ sulph. ʒss.
 Tr. ferri chloridi ʒij.
 Acidi sulph. dil. gtt. xxx.
 Aq. dist. ʒviiij.

M. Sig.—A tablespoonful three times a day.

Employ mild astringent injections.

Purgative Pill.—For one pill:

- R. Res. podophyllin.
 Aloin, aa gr. ¼.
 Ext. hyoscyami, gr. ss. M,

The latter is an excellent cholagogue, operating without pain or nausea.—*Therapeutic Gazette.*



EDITORIALS AND MISCELLANEOUS.

READ!—All subscribers who do not notify us to discontinue by the 10th of January next will be entered upon the list for 1882.

We trust that no one will stop his Journal, but that all will pay up their subscriptions, and start us on a new year with glad hearts, with our hopes brightened and our energies stimulated for more vigorous and successful work in the future.

We submit to our subscribers this

LIBERAL PROPOSITION:

Every subscriber who will send us three new names and six dollars can get the Journal for 1882 free of expense.

R. C. WORD, M. D., Managing Editor.

See new advertisement of Kidder & Laird, commencing with this number of our Journal. The formula of Hydroleine is admirable.

Dr. Theophilus Parvin has been elected to the Chair of Obstetrics and Gynæcology, in the Louisville University. A good appointment.

President Cabell, of National Board of Health, in his report to the Secretary of the Treasury, complains of the failure of Congress to appropriate moneys sufficient to enable the Board to prosecute the many investigations which have been instituted, some of which are of the highest importance.

WALSHE'S Physicians' Combined Call Book and Tablet—sixth edition—very neat, and in all respects convenient, containing the various tables, abbreviations, doses, formulæ—antidotes to poisons, disinfectants, obstetric tables, incompatibles, calendar, call lists, general memoranda, etc., etc. Published by Ralph Walshe, 332 C. St., Washington, D. C. Price, \$1.50.

Antiseptic Surgery.—The principles, modes of application and results of the Lister Dressing, by Dr. Just Lucas, Championiere Surgeon to the Hospital Tenon, Member of the Societe de Chirurgie, Editor of the Journal de Medicine et de Chirurgie pretiques. Translated from the second and completely revised edition, with the special sanction of the author, and edited by Frederick Henry Gerrish, A. M. M. D., Surgeon to the Maine General Hospital, Prof. of Mat. Medica and Therapeutics in Bowden College, etc.

Portland—Loring, Short & Hammond; a work of 239 oc. pages, very recent, full and complete on the subject treated.

THE Physician's Hand Book for 1882, by Wm. Elmer, M. D., and Albert D. Elmer, M. D., New York, W. A. Townsend, Publisher, contains special classifications, poisons, tests for urine, incompatibles, weights and measures, abbreviations, doses, materia medica, extemporaneous prescriptions, ample space for record of visits, memoranda, etc., etc.

THE Medical Record Visiting List or Physician's Diary, for 1881, is kindly sent us by Wm. Wood & Co., 17 Great Jones St., New York. Exceedingly convenient and useful to the practitioner. Furnished in two series, the one for 30 patients at \$1.25, the other for 60 patients at \$1.50. It contains tables of weights and measures, both the old style and the metric system—list of drugs and doses, disinfectants, poisons and antidotes, and other useful and instructive matter.

STAND FROM UNDER!

The Eclectic Medical Journal, of Atlanta, in its October issue, seizing suddenly the sword of criticism and wrath, cuts blindly and furiously right and left, pitching into both "Regular" and "Irregular"—making huge and bloody gashes upon Scudder, of Cincinnati, the great leader and apostle in its own ranks.

THE DOCTORS OF GEORGIA

Should bear in mind that the new Medical Law of the State requires them to go before the County Clerk, show their diplomas or licenses, and register their names, on or before the 1st of December next, (1881).

The Pharmaceutical Board of Georgia, under the late act of the legislature, will hold its first meeting for examining applicants for license on the 13th of December, in Atlanta.

REPORT OF LECTURE ON OPHTHALMOLOGY AND OTOLOGY.

In this report we notice the following cheerful paragraph:

The practice, which at one time was so prevalent amongst physicians, as prescribing for any sort of inflammation of the eye an astringent collyrium, is happily far less common than it formerly was. Nevertheless, even at the present day, it is not without its adherents.

In reality, the field in which the use of astringents is called for, is comparatively circumscribed, especially since it has been of late encroached upon on the one hand by the adoption of boracic acid as a remedy in ophthalmic therapeutics, and on the other hand by the more extended use which is being made of the yellow oxide of mercury.

We clip the above from *Lancet* and *Clinic*, that we may give it our hearty indorsement. That eyes are often put out by astringent and irritating eye washes, we have no doubt, and this is not surprising when it is known that pure water alone, dropped into the healthy eyes every two or three hours, will in twenty-four hours, or less time, develop an acute ophthalmia.

In the purulent ophthalmia of infants we have long since abandoned the use of eye waters. Frequent bathing the eyes externally with tepid water, and anointing the edges of the lids with vaseline, we have found a safe and efficient treatment. The vaseline is designed to prevent the agglutination of the lids by the encrusted pus and its accumulation upon the ball.

BOOK NOTICES.

GENERAL MEDICAL CHEMISTRY, for the use of Practitioners of Medicine. By R. A. Witthaus, A. M. M. D., Prof. of Chemistry and Toxicology, in the Medical Department of the University of the city of New York; Member of the Chemical Societies of Paris and Berlin; Fellow of the New York Academy of Medicine, and the American Academy of Medicine, etc., New York. Wm. Wood & Co. McCarty & Laird, Agents, 17 East Alabama Street, Atlanta, Georgia.

This is a work of 443 oc. pages. It is condensed and practical, yet sufficiently full for the practitioner, inasmuch as the "Bearings of Chemistry upon physiology, hygiene, therapeutics and toxicology" are given.

The modern system of notation has been followed. The metric system in weights and measures, and the centigrade scales in temperature is used throughout the work.

A MANUAL OF HISTOLOGY. Edited and prepared by Thos. S. Sallerthwaite, M. D., of New York, President of the New York Pathological Society, Pathologist to the St. Luke's and Presbyterian Hospital, etc. In association with Drs. Tho. Dwight, J. C. Warren, Wm. F. Whitney, Chas. J. Blake, and C. H. Williams, of Boston; Dr. J. H. Sims, of Philadelphia; Dr. B. F. Westbrook, of Brooklyn, and Drs. Edmund C. Wendt, Abraham Mayer, R. W. Amidon, A. R. Robinson, W. R. Beysall, D. B. Delevan, C. L. Dana, and W. H. Porter, of New York City. With one hundred and ninety-eight illustrations. William Wood & Co. McCarty & Laird, Agents, Atlanta, Ga.

This is a large oc. 478 pages, neatly bound and beautifully illustrated. The work is timely and appropriate. It is the very thing needed. The author truly remarks that "the present time seemed opportune for its appearance, since we have latterly made much positive advance in histological studies, while histologists themselves are now more of one mind in microscopical matters. That such a book should appear under American auspices seemed further to be eminently proper, as we have in various parts of the country a goodly number of medical men who are either engaged in teaching histology or studying some special branch of it."

INDIGESTION, BILIOUSNESS AND GOUT IN ITS PROTEAN ASPECTS. By J. Milner Fothergill, M. D., Member of the Royal College of Physicians of London; Senior Assistant Physician to the City of London Hospital for diseases of the chest (Victoria

Park); late Assistant Physician to the West London Hospital; Associate Fellow of the College of Physicians of Philadelphia. New York, Wm. Wood & Co., 1881. McCarty & Laird, Agents, Atlanta, Ga.

The above is a neat work of 316 oc. pages. It contains many useful and practical suggestions upon a highly important subject. We were most favorably impressed with the parts of the work relating to diet. The practicing physician will find it very interesting and useful to his library.

THE PRESCRIBERS' MEMORANDA. New York, William Wood & Co., 1881.

A little work of 301 duod. pages. We find no author's name attached to the work, yet we are constrained to say that it is an excellent book, containing numerous admirable formulæ adapted to nearly every phase of disease.

THE WILDERNESS CURE, by Marc Cook, author of "Camp Lore." New York, William Wood & Co., pp 253. 1881. McCarty & Laird, agents, Atlanta, Ga.

This work is valuable, and may well be read by the practitioner. The great benefits of the climatic treatment of disease, especially in lung affections, will here be found practically illustrated. No system or plan ever yet devised promised so much for the consumptive as outdoor diversion and camp-life. This work tells how best to manage to secure its full benefits.

CHEMICAL ANALYSES OF THE URINE: Based, in part, on Casselmann's *Analyse Des Urines*. By Edgar F. Smith, Ph. D., Prof. of Chemistry in Muhlenburg College, and John Marshall, M. D., Dean, of Chem. Med. Depart. University of Penn.; with illustrations. Philadelphia: Pressley Blakiston, 1881. S. P. Richards, Atlanta, Ga. Price, \$1.00.

This work is highly instructive and satisfactory to the student and practitioner desiring to learn the best methods for chemical analyses of the urine.

TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY. Vol. five, for year 1881. Boston: Houghton, Mifflin & Co. Octavo pages 470.

A very neat and creditable volume, and exceedingly interesting. It "contains the index to the Gynecological and Obstetrical Literature of all countries, for the year 1879, prepared with cooperation of Dr. J. S. Billings, U. S. A., in charge of the National Medical Library in Washington."

The work contains a large number of original papers, some of which are of rare ability and interest.

Receipts of subscribers will appear in the next issue.

SPECIAL NOTICES.

Wm. R. Warner & Co.—This long established, reliable and popular house is so well and favorably known that it is unnecessary to commend it to the profession and to the trade. As manufacturing chemists they have become the pride of our country; their fame has crossed the Atlantic, and their preparations are admirable and the honor and reliability of the house is everywhere acknowledged.

PARKE, DAVIS & CO., Detroit, Mich.—This large, reliable and splendid establishment still maintains its high popularity, and is extending its active and thorough business operations to all sections of the Union, and even across the waters. The efforts of this house to introduce new and valuable medicinal agents from abroad, have proven eminently successful, and have resulted in adding many important articles to the armamentarium of the practitioner.

Dr. D. Cole, of Mankato, Minn., April 17th, 1881, in a note to Wm. F. Kidder, says: Dear Sir—Noticing your advertisement of Hydroleine some six months ago, I concluded to give it a trial. Patient, married lady; age, 35 years; had been treated two years for consumption, with no benefit. Gradual wasting away. Had druggist send for Hydroleine, and prescribed it. Result: First four weeks, gained 8 pounds; second four weeks, gained 7 pounds; third four weeks, gained 14 pounds. Gained in twelve weeks, 24 pounds. Still doing well; cough nearly gone, general health good.

Worthy of Record.—The Powell Manufacturing Company, of Baltimore, the manufacturers of Powell's Beef, Cod Liver Oil and Peppin, the superior food and nutritive tonic, have taken the true ground in the introduction of their valuable medicine, (which our leading practitioners are prescribing largely), by guaranteeing to the medical profession that they will not in any way advertise the Powell's Beef, Cod Liver Oil and Peppin so that it will come under the head of a patent medicine.—*Exchange.*

DR. J. S. WELLFORD, of Richmond, Virginia, Professor of Diseases of women and children in the Medical College of Virginia: "I have paid a great deal of attention to urinary troubles, and have frequently and freely prescribed the LITHIA WATER in their treatment with the very best results. In all the forms of the Uric Acid Diathesis, whether as well-formed Gravel or Gout, or in the milder forms of Gouty Dyspepsia or Nettle rash in their various varieties, I know of no Mineral Water which I consider at all equal to that of Spring No. 2.

"In many skin diseases of old age, dependent on the Uric Acid Diathesis, such as Eczema, etc., this water acts most beneficially."

BEDFORD ALUM AND IRON SPRINGS.—The advertisement of these Springs may be seen in another part of this Journal, and should be carefully read. The Editors have tested its virtues. It is an excellent remedy in hæmoptisis, or as an anti hæmorrhagic in any case, especially of a passive character. As an injection in gleet, gonorrhœa, leucorrhœa, etc., it is highly useful. As a gargle in ulcerated sore throat it is very efficacious. In chronic diarrhœa it is often useful, and given in small doses, in the night sweats of phthisis it has been found an excellent remedy.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to A. A. DELLIER, 709 Washington Avenue, St. Louis, Mo.

COCA BEEF TONIC, prepared by **LIEBIG & CO.,** wholesale manufacturing pharmacists and chemists, New York, Paris and London, is classed among the very best tonic and nutritive preparations in the market. It contains coca, citrate of iron, quinine, beef, etc. See advertisement in this Journal.

LISTERINE.—This is a recent preparation of great value, devised as an antiseptic lotion to be used in surgical wounds, and in gynecology. It forms a useful injecting material in uterine troubles, particularly in leucorrhœa and gonorrhœa. In nasal catarrh, ulcerated throat, in old offensive ulcers and in any case where a disinfectant wash is needed, it will be found convenient, safe and efficient.

CELERINA.—As a nerve tonic in low and depressed states of the system, this preparation is highly commended. In sexual debility, in urethral and bladder affections and in the nervous prostration resulting from the abuse of tobacco, opium, etc., it is highly useful. Try it.

JOHNSTON'S FLUID BEEF is an article that can be safely recommended as a concentrated natural agent. We have tried it in low states of the system and found it an admirable article. In the diarrhœas of infants, wherein the child is taken from the breast, and is dying of inanition, a little of this fluid beef has been known to support the child and save life. Try it.

T H E

Southern Medical Record:

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ORIGINAL AND SELECTED ARTICLES.

CLINICAL LECTURE.

ASTHMA—VESICULAR EMPHYSEMA—HAY FEVER.

BY ROBERT C. WORD, M.D.,

Professor of Physiology and Lecturer on Hygiene in The Southern Medical
College, Atlanta, Georgia.

GENTLEMEN—I propose to occupy the present hour with some remarks upon the subject of Asthma, and certain affections of a kindred nature which not unfrequently present themselves in practice.

We have before us a somewhat rare instance of recovery from what is called *Vesicular Emphysema* in a little girl 7 years old. The case was regarded and treated as asthma until she fell into my hands more than 12 months ago, and under treatment then adopted, which I will presently give you, she has almost wholly recovered. Her condition for a long while was one of much suffering from dyspnoea occasioned by dilatation of the air cells, and brought about by a severe and prolonged attack of whooping cough. The case was complicated with an engorged liver and some dropsical effusion, palpitation of the heart, cough, etc.

For several months she has been free from all the distressing symptoms, and no marks of the disease are now perceptible, save a

slight tendency to cough at times, and the protuberant eye-balls, a condition often observed in asthmatics. The same symptom in greater degree, and accompanied by tumefaction of the thyroid gland and more or less heart lesion, is seen in what has been styled *exophthalmic goitre*.

Asthma.—Asthma may be defined a paroxysmal contraction of the circular muscular fibres of the minute bronchial tubes.

The word asthma is from the Greek *Asthmadzo*, to gasp for breath. The contraction of the circular fibres of the bronchi does not, as we believe, constitute the disease, but is an effect of an influence from without either direct or reflex; usually, we think, the latter. The irritating impression may proceed from the gastric or pulmonary branches of the pneumogastric nerve, or may have its remote seat in the medulla oblongata.

Symptoms.—Asthma usually makes its onset at night, and often suddenly; the patient is seized with oppression in the chest, difficulty of breathing, and a short, tight cough. These symptoms increase, and sometimes become exceedingly laborious and distressing with every appearance of suffocation. The patient rises from bed, calls for fresh air; his countenance becomes more or less anxious, his heart palpitates violently, his respiration is harsh, tight and wheezing, his lips are purple, and he is unable to lie down but sits erect, or leans forward upon a chair or table, to facilitate the action of the respiratory muscles.

If the ear be applied to the chest, tumultuous action of the heart will be heard with loud wheezings, sibilant rouchi and whistling sounds. The eyes, during the paroxysm, have a staring expression. The clinical thermometer will commonly show an abnormal fall of temperature during the more violent stage of the attack, reaching sometimes to 84° or lower.

The violence of the paroxysm usually subsides as day approaches, and during the day the patient is comparatively better; but it is apt to recur at night, and frequently continues to recur in exacerbations at night and remissions at day for a number of days.

It is not common in young people, and when it does occur in a child it is usually dependent upon hereditary predisposition.

Persons subject to asthma are more liable to attacks during cold, damp weather, especially during the prevalence of east winds; the atmosphere of certain localities, and the dust of ipecac and various other substances are liable to bring on an attack. I will not dwell upon the symptoms which you will find fully detailed in the text-books. Nor need I say much upon its pathology, which, after all that has been written upon it, yet remains an unsettled

question. I cannot say that any material advancement has been made upon the pathological views of some of the older writers.

I doubt if the description of this disease, as given by Eberle in his work on Practice, has been surpassed by any modern author. By the way, I will venture the opinion that this work—more than 50 years old—in so far as its description of the symptoms of disease is concerned, has never been equalled by any subsequent writer.

It is highly probable that the remote seat of the affection exists in the medulla oblongata, and radiates from this point through the pneumogastric nerve to its pulmonary branches, influencing or producing the contraction of the minute bronchial tubes and air cells.

This nerve, gentlemen, sometimes called the 8th or par vagum, you have been taught, presides over the function of respiration. It passes off from the medulla oblongata; it emerges from the cranium through the foramen lacerum; it passes down the side of the neck, enters the chest and distributes branches to the pharynx, the larynx, the esophagus, the lungs and the stomach. From these extensive ramifications you will readily infer the important and varied functions of this nerve and its relations to the respiratory organs.

A recent writer of eminence in the profession has remarked: "That the essential factor in asthma seems clearly to be a condition of morbid sensibility or of actual disease of the nervous filaments supplying the ramifications of the bronchial tubes, and perhaps of the thoracic ganglia of the sympathetic. If such a state of morbid irritability should exist, however induced, it would be easy to understand how a paroxysm of spasmodic dyspnoea might be produced either by reflex irritation (as from the stomach), or from direct irritation—as from sudden congestion or catarrhal inflammation of the bronchial mucous membrane."

I would remark that this theory very plausibly explains how that slight impressions from without, as a damp or unfavorable atmosphere, dust, pollen, and odors of different kinds might excite the excessively sensitive bronchial nerves of the asthmatic, and how it is that a change to a different atmosphere, or a removal of the various irritants mentioned, might be followed by the relief of the patient.

The morbid sensibility of the bronchial nerves to which is ascribed the attacks, is not unfrequently inherited, passing from the parents or the remote ancestry to the child. It is perhaps more

frequently acquired, resulting from any cause that may induce a morbid condition of the bronchial nerves.

Whatever may be the cause of the disease, it is more common in men than in women. It very frequently commences with some irregularity of diet, giving rise to indigestion and unfavorably impressing the branches of the pneumogastric nerve distributed to the stomach.

While in other subjects a like impression might be followed by a colic, a headache, an intercostal neuralgia or other disorder, in the unfortunate class of individuals of whom we are speaking, it occasions an attack of asthma. When an attack has once occurred, it is very apt to be repeated until finally an asthmatic habit is established and becomes confirmed. The habit once established, very slight causes may bring on an attack. I may mention as among the most frequent causes: mental emotion, change of place, violent exertion, suppressed discharges, catarrh, etc.

Some have attributed the disease to a paralytic condition of the pneumogastric nerve. The fact that a division of this nerve gives rise to extreme dyspnœa is the argument made in support of this theory.

But dyspnœa does not, in itself, constitute asthma, and may exist in heart disease, in emphysema, or from mechanical obstructions of any kind to the free action of the lungs; while in idiopathic asthma these conditions do not necessarily exist.

Asthma is frequently attributed to organic heart disease, and that asthmatic symptoms may result from these causes, there can be little doubt. Yet in the large majority of instances the heart complication is the result and not the cause of the affection. That the impediment to the free entrance of the blood into the lungs caused by the constriction of the air cells, and the consequent regurgitation or damming up of the blood in the right cavities of the heart, should, after a long continuance of the malady, produce enlargement or valvular difficulty, is not surprising, and indeed it will almost unavoidably occur. So, that there are perhaps very few confirmed asthmatics who are free from heart complication in some degree.

I may mention other conditions as resulting from the disease. The one is the barrel-shaped chest; the frequent and violent distention of the lungs having the effect of permanently enlarging the shape of the thoracic walls, which are full, large and round, giving a drum-like sound on percussion. A peculiar glaring or popped expression of the eye is also a mark of the asthmatic.

Emphysema.—Another result of asthma is that of *emphysema*. This word is from the Greek *emphusao*, to inflate. In this affection

the air cells are often permanently dilated, giving rise to what is called vesicular emphysema, and sometimes the cells are ruptured and coalesce, giving rise to infiltration of air into the areolar or interlobular tissue. This last condition is termed interlobular emphysema. Emphysema, though often a resultant of asthma, is treated in our authorities as a distinct affection. It may be distinguished from asthma by the fact that the dyspnœa is constant and continuous, while in uncomplicated asthma it is occasional or paroxysmal.

If asthma is complicated with emphysema, it is usually regarded as incurable, otherwise the prognosis is not necessarily hopeless. It is admitted, however, that asthma, though rarely fatal, is seldom permanently cured.

Hay Fever.—There is a form of catarrh or bronchitis to which the name of hay fever or hay asthma has been given. It is sometimes called summer catarrh, because it commonly makes its appearance in the summer season; sometimes in the early fall, not unfrequently recurring on the same day of the month with each successive attack. Though often classed and treated as asthma, it is more properly a periodic catarrhal affection, attended by sneezing, running at the nose, sniffing, more or less bronchial irritation and cough. As it usually comes on about the hay season, it was supposed to be caused by the odor or dust from hay, hence its name. The pollen of the rag-weed is said also to cause the disease. Another and not an improbable theory is that it proceeds from atmospheric germs or organisms. Temporary relief may be obtained by snuffing morphine into the nostrils, but the best treatment known is probably the use of quinine, both internally and as a nasal lotion. This and the removal of the patient to an elevated region and pure atmosphere, has been found most efficient.

Prof. Helmholtz, as far back as 1868, advanced the theory of low organisms as the cause of hay fever. He discovered in his own case, certain vibrio-like bodies with the immersion lens of a very good Hartnack's microscope. He found that a neutral solution of the sulphate of quinine locally applied gave prompt relief. He lay flat on his back, keeping his head low, and poured, with a pipette, about four cubic centimetres into both nostrils, turning his head about to let the liquid flow in all directions. This treatment repeated three times a day for a week relieved him for the entire season.

Chlorate of potash in solution with morphine as a nasal douche is highly recommended.

Dr. Weber, of Philadelphia, recommends the following formula

as very efficient in hay fever, and I judge from the combination that it would prove useful also in asthma—

R Ext. hyoscyami..... gr. xii,
 Potass. iodid 3j,
 Potass. bicarb. 3ij,
 Ext. glycyrrhizæ ... 3iv,
 Aquæ anisi 3ivss.

M. S. A desertspoonful every four hours during the day and night until relieved. May be continued a week.

It is usual to divide the treatment of asthma into: first, that which is proper during the paroxysm; and, second, that which should be adopted during the intervals.

The remedies recommended for the relief of the paroxysm are legion. I will mention those principally relied upon, and will give you such of the recent formulæ as seem most valuable, and which, by their variety, may be found applicable to the different phases of the disease resulting from constitutional peculiarities, or from the differences of existing complications.

Lobelia.—This drug has long been regarded as the best remedy in asthma. The dose is one teaspoonful of the tincture every half hour until relief follows. If vomiting results without relief, it is usually abandoned and another agent tried.

A good formula for administering lobelia is the following—

R Tinct. lobelia, }
 Tinct. hyoscyami, } aa 3j.
 Spiritus etheris compositi, }
 Syrupi tolutani, }

M. A teaspoonful every half hour until some impression is made, and then every one to two hours. This remedy should be associated with sinapisms to the upper half of the spine and to the chest.

Another formula suggested is the following, and will suit a large number of cases, especially when occurring in children and hysterical females—

R Tinct. lobeliæ, }
 Tinct. assafœtidæ, } aa 3j.
 Tinct. valerianæ, }

Dose for an adult one tablespoonful every one to two hours until some relief follows, then not so often.

A valuable formula for asthma is the following—

R Iodid potass 3ij,
 Sulphate of morphia, gr. j,
 Comp. syr. squills, } aa 3ij-
 Tinct. lobelia }

M. Dose, one teaspoonful every two to three hours.

Hypodermic morphia has, of late, been found very satisfactory in giving prompt relief to the paroxysm—

R Muriate morph..... gr. $\frac{1}{4}$
 Water, q. s.

Use hypodermically.

R Potassii nitras, } aa $\overline{3}$ ss,
 Pulv. anisi fructus, }
 Pulv. stramonii fol, ... $\overline{3}$ j.

Misce. A thimbleful of the powder placed on a plate is pinched into a conical shape and lighted at the top. It burns like a pastile, and is held near the patient, who inhales the fumes. The smoking of the leaves of stramonium often gives relief.

The iodide of potash in large doses, combined with the tincture of gelsemium and belladonna, has been found a very efficient remedy for the relief of the paroxysm in obstinate cases—

R Iodide potass..... gr. x to xx,
 Tinct. belladonna..... gtt. v,
 Tinct. gelsemium,..... gtt. xv.

In half a glass of water.

This at a single dose is usually sufficient, but it may be repeated once or twice in violent cases, if necessary.

The inhalation of chloroform, though it often fails, occasionally gives prompt relief to the paroxysm.

For treatment during the intervals of the paroxysms, it is advised to change, if possible, the location of the patient to a different atmosphere. It being found in many cases that the paroxysms are thus prevented, the relief being permanent, or continuing so long at least as the patient remains in an atmosphere adapted to his condition.

The remedies found most useful in warding off the paroxysms are: first, the sulphate of quinine, which is particularly adapted to cases in which malarial complication is present; and to cases wherein the intervals are brief between the attacks. It is best used in three to five grain doses three times per day in solution with, or used in conjunction with, three to five drops of nitro-muriatic acid.

Another excellent method of using the quinine is in the following combination—

R Sulph. quinine, } aa gr. 60,
 Pyrophosphate iron, }
 Strychnia, gr. j.

M. Make pills No. 50.

Take one three times per day. This is specially adapted to cases complicated with indigestion or constipation.

Another useful agent in the interval is the oxide of zinc in one grain doses three times per day. The valerianate of zinc is also a good remedy.

Fowler's solution of arsenic, two to five drops three times a day until slight constitutional impression is perceived then suspended and used again, has been successful in some cases.

These are the sheet-anchors in asthma, and may be varied or combined with other agents according to circumstances. Often the best remedies will fail if existing complications are disregarded. The secretions must be looked after and regulated by appropriate means. Disorders of the liver and stomach may require attention; and in many cases success will be greatly promoted by the use of mercurials and purgatives as preliminary means. The blue pill may be given, or the bichloride of mercury in minute doses, for a time, will often be required to put the patient in a good condition for the use of other means, whether they are designed for the immediate suppression of the paroxysm or as prophylactic to their recurrence.

If the patient be of a plethoric habit, the tonics may not be needed, but rather a restriction of diet, or the use of saline purgatives will be better. In former times the lancet was used with advantage in such cases, and if the case be urgent or extreme, we should not hesitate to take blood from a patient of this character.

An important and not unfrequent complication is a torpid skin, giving rise to suppressed or imperfect perspiration, and thus tending to congestion or functional disturbance of internal organs affecting the lungs and keeping up the attacks. This should be met by warm or cold baths, friction and methods calculated to restore the function of the skin.

Vesicular Emphysema—This condition is treated by the tonic and alterative agents which I have mentioned as appropriate to asthma. It is rarely permanently relieved. The young sometimes seem to be cured or to out-grow it. In the case of the little girl I have shown you, I commenced the treatment with a small dose of calomel and podophyllin given in syrup of rhubarb. This was several times repeated, at intervals of about twice a week, until the secretions were in better condition. The relief from this prescription was very considerable—I should mention that an assafœtida pill was given at night as an antispasmodic and to procure rest. I then put the patient on the following prescription, under which she steadily improved. As there is in this case no decided heart lesion and the

patient is young, it is believed that she is permanently cured. The remedy given was the following—

R	Com. syr. squills,.....	3j.
	Brom. potass.....	3j.
	Com. tict. cinchona,.....	} aa 3ij,
	Fluid ext. valerian,.....	
	Tinct. digitalis,.....	3ij,

M. Take a teaspoonful three times a day.

There are many new remedies which have been presented through the journals for asthma. One of these is the *Quebracho Blanco*, which is a tree found in the Argentine Republic, and is now being introduced into this country. It is used by the natives as a remedy for asthma, and some tests which have been made with it in our country indicate that it possesses great power over the respiration and circulation, and it is believed to be well adapted for the relief of almost every form of dyspnœa.

The semi-solid oil that accumulates in the tubing of the oil wells, in doses of five grains, made into pills with pulverized gentian and taken three times a day, is reported as having permanently cured a case in Oregon.

Painting the sides of the neck with iodine over the course of the pneumogastric nerves has been found to give prompt relief to the paroxysm.

The inhalation of the iodide of ethyl is reported in a French journal, as wonderfully efficacious in relieving the paroxysms of asthma. Only 6 to 10 drops are to be inspired by the patient, and this may be repeated several times a day.

Grindelia Robusta, a new remedy introduced from the Pacific coast, has been recently highly recommended for asthma. Dose of the tincture from a half to one drachm.

VIBURNUM PRUNIFOLIUM.

BY A. G. SMYTHE, M. D., OF MISSISSIPPI.

For a number of years, the current medical literature has been teeming with glowing accounts, and each succeeding contributor doing his utmost to excel his predecessor, in sounding the virtues, claims and praises of *Viburnum Prunifolium*, in the prevention and arrest of abortion, miscarriage and all the concomitant troubles attending that condition. Notwithstanding such an array of witnesses, many of whom I well know and esteem highly, personally and professionally; it is with no factious spirit of fault-finding

or wish to set up an independent opinion, but from a fair trial and an unbiassed observation, that I have been driven to a different conclusion.

I set out upon a trial of the remedy with flattering hopes and fond expectations, from the many praises of its virtues which I had heard. I was led to believe that I would find in it an anchor which could be relied upon in the most dreadful storm, and provided the craft had not sprung too large a leak or parted her timbers in the middle, would ride safely through; all that would be necessary would be time to repair the injuries incident to such a gale, the craft could be kept at sea, finish the voyage in proper time, arrive safely in the port of destination and deliver the cargo in good order and condition, and in due time be ready for sea again. But, alas for human hopes! Mine were doomed to meet the most painful and signal disappointment. With all the remedies, old or new, indigenous or exotic, in those cases, I have not met with such complete disappointment. With no other remedy or treatment has such uniform failure occurred in a practice of more than forty-five years, very largely obstetric.

I will not consume your space or the time of your readers, by offering an array of cases in due form. A fair trial, in a variety of cases, for eight years, with a total failure in each, when chiefly relied upon, would cause the most stubborn advocate to abandon it in disappointment, mortification, disgust and disgrace, having lost professional character more than once from relying upon it. Let it not be supposed for a moment that I am opposed to the introduction of new remedies—the reverse is what I am charged with. I ask pardon for disagreeing with a number of my brethren, who think well of the remedy in question. I candidly think they have been deceived; the benefits attributed to it have been, at best, only apparent or accidental; and the credit due to some other remedy, or to the powers of repair, reproduction or spontaneous restoration.

If your readers will bear with me one moment further, I will just say: much of the hasty zeal of many of our well-meaning brothers in the good cause, retard rather than advance the cause of new remedies in therapeutics, by hurrying crude and imperfect trials, partial experiments and loose observations into the pages of the medical literature of the period.

CANCrum ORIS.

BY B. F. DUKE, M. D., OF MISSISSIPPI.

In 1878 Dr. J. L. Hudson and myself treated two cases of *cancrum oris*, both of which proved fatal.

A slough had formed on the outside of the cheek before we saw them, they having been treated by others for *mercurial stomatitis*. These patients, both children of two years, survived until the entire cheek and lips on that side had sloughed away. Shortly afterwards we saw another case, which had not advanced so far; and this one recovered. Having taken no notes, I cannot recall the treatment in full; but remember that sulphate of copper and other astringent applications were used.

Recently, I have had two other cases, following prostrating attacks of remittent fever, in which the following treatment succeeded to my perfect satisfaction: The gangrenous patches were broken up with a bistoury, and a pencil of sulphate of copper thoroughly applied three times a day afterwards. In addition to this a finely powdered mixture of alum, borax and chlorate of potash, one part each, and four of white sugar, was placed in the mouth directly in contact with the diseased part every two or three hours, and the swollen cheek bathed frequently with spirits of camphor, such as the family had in the house, made with whisky.

The following constitutional treatment was used in both cases—

R Sulph. cinchonidia, ʒj,
 Sulph. magnesia, ... ʒij,
 Muriatic acid, f. ʒj,
 Glycerine and water, aa ʒij

M. S. A teaspoonful every four hours.

The tincture of opium was afterwards added to restrain diarrhœa, and the salts, which was used for constipation, diminished.

These children were brothers, aged 3 and 6 years. The second was attacked as the first was recovering, each case being of about ten days duration from the time the disease was first noticed. The treatment began on the second day and continued without any appreciable improvement for two days.

Concentrated nourishment was given every three or four hours, even in the absence of any desire for food, which was the case until convalescence was fully established.

THE VALUE OF THE HYDROCYANATE OF IRON IN THE TREATMENT OF NEURALGIA.

BY J. THOS. STOVALL, M. D., OF COLUMBIA, ALA.

I desire to call the attention of the profession to the value of the hydrocyanate of iron in the treatment of neurilgia.

At this advanced period of medical science, there is constantly some new remedy being extolled by some of the medical profession as a specific or very nearly so, for some disease or class of diseases. Each new remedy has been tested and so often been found perfectly inert, that we are slow to grasp at every new preparation that is being lauded to the skies, as so curative and yet so palatable, etc. Yet we should not ride rough shodden over the bounds of reason and common sense, for a progressive science like medicine cannot discard everything new and cling to the old.

I wish to make a few suggestions upon the therapeutics of a remedy that I have tried frequently and thoroughly.

If I were to speak upon hypothesis I would say a great deal more than I intend saying in this article. A single fact in therapeutics is worth a thousand hypotheses.

The first I ever knew of the hydrocyanate of iron was in the latter part of 1879. It was shown and recommended to me by my friend, Dr. H. H. Christian, of this place, who has been using it in the treatment of neuralgia for the past seven or eight years, and with uniform success. Having noticed its effects in some obstinate cases of neuralgia, I determined to give it a thorough trial. Another reason why I felt such an interest in it was because I had never heard of the medicine before, as it is not official. I gave it a thorough trial, and could now hardly do without it in the treatment of neuralgia, especially in obstinate cases.

All physicians who have ever used it, have used it at or through the suggestion of Dr. C., as none of them had, like myself, ever heard of the drug. He first noticed its value set forth in Tilden & Co's *Materia Medica Journal* of some years ago, and he gave it a trial, and being so highly pleased with it, he thoroughly tested it, and still continues to use it.

I have been using it myself since 1879, and will never consider my *armamentarium* complete without it.

I have never used it in a single case but that I either effected a cure or gave more relief than by any other remedial agent. I will say that any and all forms of neuralgia are benefitted by it, whether due to a local or constitutional cause.

It is an anodyne, a hypnotic and an analeptic tonic. It also possesses highly sedative properties.

1st. It is most beneficial in cases of neuralgia dependent upon, or connected with an anæmic condition of the system.

In such cases the iron builds up the system by enriching the red globules of the blood, thus removing the prime factor in its production, the hydrocyanic acid relieving the morbid sensibility of

the nervous system, giving us, in my estimation, a remedy *par excellence* in such cases.

2d. It is next most beneficial in those obstinate cases of neuralgia assuming periodicity. I consider the hydrocyanate an anti-periodic equal to or superior to the ferrocyanate.

Allow me to digress a little here. I know malaria has been assigned as the cause or a factor in the production of nearly, if not all, the diseases flesh is heir to, even the malarial belly-aches, yet I am thoroughly convinced that malaria is a great cause of neuralgia. Periodic neuralgia can be assigned to no other cause.

"Well," some would say, "quinia is my treatment." Of course they would say so, for quinia is given in nearly every disease. Why, I do not know. More as a force of habit (?) than anything else, I suppose. Why give quinia when we have a drug equally as potent at far less the cost? It is because it is the fashion, the weakness of the profession. In such cases quinia is a useful adjunct. The formula I generally use is as follows—

R Quinia, grs. xij,
Hydrocyanate of iron, grs. xviii,
Morphia, gr. j.
Ext. gentian vel valerian q. s., make pillular mass, make 12 pills.
Sig. Take 1 pill every three hours till 6 are taken, wait 6 hours and take the balance.

I use this formula also in cases of acute idiopathic neuralgia.

In chronic cases I combine with the hydrocyanate, strychnia and belladonna (extr. of belladonna.)

I will cite some cases in which I have used it:

Case I. Lucy C—, æt. 13 years 4 months, was taken sick April 1st, with a light form of intermittent fever, with very acute pain over left eye, radiating through forehead and face. Very anæmic. Suffers greatly from nervousness and muscular twitchings. Experiences great inconvenience from nausea and vomiting. It is so great that it is with difficulty that she retains anything at all upon her stomach, (even nourishment). Appetite bad, bowels loose. Suffers from insomnia.

I applied a counter-irritant over epigastrium. Administered tartrate of iron and potassa, and quinia and morphia.

Under this treatment she experienced partial relief, still suffering at times with neuralgic pains.

She was taken with the measles the second week in May; all the above symptoms returning in aggravated form.

Recovered from measles, but relapsed June 24th. Appetite bad, bowels loose, stools dark, no fever; but suffered with excruciating pain over left eye, coming on by paroxysms, at times being almost unbearable. Only sleeps when under the influence of a hypnotic; very anæmic, skin of a marble color; could retain nothing upon the stomach; tongue pale, flaccid and dentated; pupils dilated: pulse quick, weak and frequent.

To relieve nausea and vomiting, applied counter-irritation to the stomach. I used several of our staunch remedies—belladonna, hyoscyamus, quinia, morphia, valerianate of bismuth, etc. All

proved valueless only for the time being. The trouble yielded to hydrocyanate. Entirely well and has not been troubled since the 30th of June.

Case II. Mrs. W——, æt., 50 years, was taken with measles (broken out) July 7th, 1881. She suffered intensely from bronchitis. Bowels not troublesome. Suffered also with severe neuralgia; was called July 14th. Neuralgia pain began in left eye and extended to face. Suffered also with terrible reflex cough and pain in side. I put her, 15th of July, on the hydrocyanate, and on the 18th she was almost entirely well.

Case III. Mrs. H——. Had suffered with neuralgia for 2 or 3 years. Under the hydrocyanate, ext. nux. vom. and ext. belladonna, she entirely recovered. The formula was as follows—

R Hydrocyanate of iron,..... ʒi,
Ext. nux vomica al,..... grs. xv,
Ext. belladonna,..... grs. viij.
Ext. gentian, q. s. ad pillular mass.

Make 60 pills. Sig. Take 1 pill before each meal.

I could cite numerous other cases but it would be useless.

From the administration of the hydrocyanate, the patient suffers no inconvenience. We have no depression or unpleasant feelings from its use, as from most drugs used in such cases. My assertions upon the use of this drug are based upon a thorough trial, and not a series of hypotheses. I do not pretend to say that it is a specific in neuralgia, but it comes nearer such than any remedy in our vast *Materia Medica*.

In conclusion I would say I would like the medical profession to give it a thorough trial, and report in this journal. I have never seen any article upon this drug in any journal, therefore would like to know the opinions of others. No text-book mentions it as I have seen. I desired to give the history of this drug, but could obtain nothing as to who first used it, or how long it has been used, or its merits are not appreciated; else we should see more of it in the current medical literature of the day. Dr. C. has used it for the past seven or eight years with uniform success. This article is not the one I had intended first for publication, but is merely a summary. Hope to hear from it early.—*American Medical Bi-Weekly*.

SOME USES OF CHLORAL HYDRATE.

BY G. A. COLLAMORE, M. D., TOLEDO, OHIO.

Read before the Northwestern Ohio Medical Association at Toledo, June 9, 1881.

Much has been written on the various properties of this drug, both physiological, chemical and therapeutical, and I shall assume that all are familiar with the literature of the subject up to the present time. Very few articles within so limited a period have acquired so extended a reputation in therapeutics. Being primarily mainly employed as a hypnotic, and, perhaps, still maintaining its

supremacy in that application, it also has decided claims as an anæsthetic, an anti-emetic, an anti-spasmodic, a febrifuge and anti-septic. This is a large field and one which would require too much time to survey. I shall, therefore, confine myself to the consideration of such employments of it, aside from its chief role of hypnotic, as have been less insisted on by the authorities and which I have at times found especially serviceable, and I shall illustrate my remarks with a few selected cases. In doing this I shall have no theory of its physiological action to support, but shall rather treat the subject empirically, merely desiring to speak well of the bridge which carries me safely over.

As an anti-emetic, chloral acts in suitable cases very promptly and effectually, and suitable cases are those in which the emesis results from derangement of the stomach and bowels, as cholera morbus, cholera, etc., and is not sympathetic, dependent on disease at a distance.

Case I. Mrs. C., aged about 50, had for several days suffered from persistent vomiting and diarrhœa, the ejecta being a thickish, frothy fluid, of a light color, resembling yeast. After the use of opiates, bismuth, etc., with little good effect, chloral was employed in the following manner: A teaspoonful of the solution, containing fifteen grains of the drug, was mixed with fourteen teaspoonfuls of milk, and the patient directed to take one teaspoonful, *i. e.*, one grain of chloral every five minutes until the whole was used. If there was a tendency to vomiting after that, the dose was to be again prepared and taken. It will be seen that in this manner the patient got twelve grains of chloral in the hour. As a result, the vomiting soon ceased and the diarrhœa lessened, the movements becoming darker in color and more consistent. After a day or two all the symptoms disappeared.

This method of administering chloral in minute doses is one that commends itself as introducing the drug in unirritating quantities, and as securing against an overdose. Milk I regard as the best vehicle for its administration per os, as it best covers its pungency.

In certain cases where the vomiting is induced sympathetically, there being no disease of the stomach, chloral does not succeed. Bartholow and others recommend it in the vomiting of pregnancy, but, like all other remedies in that case, it often fails. In cases of vomiting from brain disease, it is also unavailing.

Case II. Miss S., aged 22, had caries of the carpal and metacarpal bones of the left hand. After the disease had existed a year or more, an exploratory operation was made, which resulted in the removal of all the carpal and a part of the metacarpal bones, and the discovery that the ulna was involved nearly to the elbow in the periostitis. In view of the extent of the disease and the debility of the patient, it was deemed best to remove the forearm, which was done at the elbow joint. The wound healed without difficulty. Some two weeks after the stump was entirely healed, she was seized with a severe headache and vomiting. No delirium and but slight fever. Chloral was prescribed in the manner described. The vomiting occasionally ceased, but again returned. The headache persisted. This condition of things continued for

nearly a week, when suddenly coma appeared and the patient died in two days. I have given but a sketch of the case, merely to show the inefficiency of chloral to control this species of vomiting.

As an anti-spasmodic, chloral has given me at times great satisfaction, particularly in the convulsions of children.

Case III. I was called to see a child, 2½ years old, who was called nervous and had had convulsions some months previously. The child, a girl, was thought to have symptoms of convulsions, and I had been in the room but a few minutes when it was actually seized with them. Not having any chloral with me, I despatched a messenger to the nearest drug store for some, and as I had heard that the nitrite of amyl had been used as an anti-spasmodic, and happening to have some at the time, I began to give it by inhalation, partly to try its effects and partly to be doing something pending the arrival of the chloral. I do not now remember how much of the amyl I gave in all, but the doses I did give, gradually increased from two or three to ten or twelve drops, had not the slightest apparent effect in controlling the convulsions. I must have given more than thirty drops in this way during the half hour I was waiting for the chloral. The messenger finally got back with the report that the druggist had no chloral, but would send for some. Not being inclined to wait an indefinite time, I went to my office, got the medicine and returned. There had as yet been no remittance in the spasms. Finally, forty-five minutes from their commencement, I administered, per rectum, about eight grains of chloral, and in less than three minutes the convulsions had ceased, and there was no return. Subsequent events showed that the cause of the trouble was malarial, and the disease was promptly subdued by quinine.

The use of chloral by injection in such cases is, in my opinion, preferable, as it is easily administered, very rapidly absorbed and produces its effect even more promptly, as it appears to me, than when given by the mouth. It must also be remembered that no larger dose is required or will be borne by the rectum than the stomach.

As an anti-spasmodic I have also derived much benefit from chloral in the after-pains of multipara. Practically, but a small proportion of my patients suffer from this cause, which I attribute, whether correctly or not I cannot say, to great carefulness in removing the placenta, so that no strings or shreds of membrane are left behind. When after-pains do occur, however, chloral relieves them readily, and it is rarely necessary to give but a few 5 to 8 grain doses. Here I prefer the use of milk as a vehicle.

There is but one other application of chloral to which I shall invite your attention. There is a species of sore throat, characterized by moderate swelling of the tonsils and adjacent mucous membranes, pain in deglutition and a peculiar cherry-red or purplish-red hue of the tonsils and pharynx. On the tonsils appear spots of whitish or yellowish white color, the size of a grain of corn or less. These are composed of the aggregated secretions of the tonsillar glands, and are readily detachable, leaving the mucous surface unabraded. There is, moreover, a moderate, sometimes

high grade of fever and decided prostration of the system. The disease is properly a follicular tonsillitis, though the inflammation is not confined to tonsillar surfaces, but affects the palatine and pharyngeal mucous membrane also, and is liable to be mistaken for and called diphtheria, from which a little care in observation will differentiate it.

It is in these cases, combined with suitable, systematic remedies, that chloral acts in a kindly manner as a local application, either as a gargle, a grain or two to the ounce of water, frequently used, or in a stronger solution applied with a camel's hair brush or a swab. I usually direct a small quantity of the gargle to be swallowed after each gargling, in order to apply it to the lower pharynx. I have employed chloral in this way many times, and think my patients have derived benefit from it.—*Detroit Lancet*.

TRANSMISSION OF TUBERCULOSIS BY VACCINATION.

At a recent meeting of the Paris Academy of Sciences, M. Toussaint communicated some important results of his investigations into the microbial nature of tuberculosis. He had already succeeded, as Klebs and Cohnheim have, in cultivating these organisms, and had found that two drops of the liquid of the fourth artificial cultivation, inoculated into pigs, rendered them speedily and completely tuberculous. He then vaccinated a cow in an advanced stage of tuberculosis with lymph absolutely pure. The vesicles progressed normally, and with the lymph obtained from them he vaccinated different animals, all of whom subsequently became tuberculous. The significance of these experiments can scarcely be overrated, for though a judicious vaccinator would not use lymph taken from a child who exhibited already evidence of the disease, the chances of cows in whom spontaneous vaccinia may appear, and whose lymph would at the present time be eagerly sought after, being, like so many of their species, tuberculous, are great; and it would seem, in consequence, that the dangers of animal vaccination may be greater than those of human, which are supposed to be avoided by having recourse to the cow. As many who believe in the existence of a tuberculous microbion have failed in their attempt to cultivate it, we shall, at the earliest opportunity, give the details of M. Toussaint's methods.—*Medical and Surgical Reporter*.

A FALSE REPORT.—The very circumstantial report which we published as it went the rounds of the press, giving the fees of the medical attendants of the late President, turns out to be without foundation. It is denied by authority, and the assertion positively made that no bills will be presented. An *honorarium* is expected from Congress when it meets, though delicacy restrains the doctors from presenting an account for their certainly very laborious services. They may rest assured that posterity will say they deserved well of their country.—*Louisville Medical News*.

ABSTRACTS AND GLEANINGS.

Belladonna as an Antidote to Opium Poisoning.—Dr. J. P. McGee, of Trenton, Tennessee, reports to the West Tennessee Medical Society, that on the 18th of March, George B—, a robust man about 35 years of age, took for suicide 30 grains of opium (which I learned from the druggist was a moist, good article), and drank about 12 ounces of whisky, as he said, to “make the ‘pizin’ work better.”

The fact was not known for about an hour, at which time I was called. I found him sitting on the side of the bed, a good deal annoyed at being interrupted, protesting against having a doctor and declaring his determination not to submit to any treatment. Persuasion and threats were alike unavailing. He refused absolutely to take or submit to anything. So, as I was unable to procure the assistance necessary to coercion, I could but stand by and watch the “pizin work.” Two hours after the inhibition of the drug, he said to me, “Well, Dr., you can ‘let in your blade,’ now. I think I’ve got enough to beat you, anyhow. So, to satisfy you, you may try your hand.”

With drowsy nonchalance he swallowed for me a considerable quantity of tepid water and ipecac, and at different doses near $\frac{3ij}{j}$ of sulphate of zinc (!) with no more signs of emesis than if I poured it in the slop bucket.

Finally (in two to two and a half hours from the time of taking the drug) in spite of cold douching, walking or rather dragging, whipping with wet towels, etc., he lapsed into profound narcotism. By this time four other physicians, all my seniors, were there. We held a “council of war.” I proposed atropia hypodermically. No one present, except Dr. Caldwell, had seen it used, and all but him objected that it would but increase the narcotism.

Nevertheless I determined to use it. So I promptly injected in the arm $\frac{1}{4}$ gr. atropia sulph., an amount which they all assured me would kill him if the opium didn’t. Very soon, however, the pulse, before almost imperceptible, grew stronger, the respiration less labored and more frequent. Presently, the pupils—before almost occluded, so great was the contraction—began slowly to dilate; later, the death-like paleness of the face began to show some color, so that in ten or fifteen minutes he would flinch or move away when pinched or pricked with a pin, and in about twenty-five or thirty minutes vomited freely, and could be sufficiently aroused to give intelligent answers.

In about one-half to three-quarters of an hour more, however, narcotism came on again and was soon as profound as before. Another $\frac{1}{4}$ gr. of atropia was injected, with results as before, but more prompt and more continuous, showing in a more marked degree the characteristic effects of atropia.

This time narcosis returned no more, and in three days he was discharged.

The pupils remained unduly dilated for more than twenty-four hours. The dryness of the mouth and throat was very distressing.

I gave this unusually large dose of atropia upon the ground that the dose of antidote should be somewhat proportionate to the amount of poison taken. He had taken at once fifteen full doses of opium. I gave five full doses of atropia at each injection, the two being equal in proportion to two-thirds the amount of opium taken.

I am satisfied now, although the reasoning was good, that the quantity was much larger than necessary.—*Miss. Val. Medical Monthly.*

Prolapse of the Ovaries.—The monthly recurrence of the periodical flow fills the ovaries with catamenial blood, and they become heavy from their own weight, and sink low down in the pelvis, from this cause. They oftentimes can be felt by introducing the index finger into Douglass' cul de sac. If this congested state remains they do not return to their place in the abdomen, but from disease remain in the unnatural position, and morbid phenomena ensues, generally some uterine lesion acting either as a cause, or is the result of this prolapse. Laceration or the retroflexion of the womb, or subinvolution, and sterility are frequent causes, as well as sexual excess, and ovarism, the left ovary is usually dislocated, when only one is out of place. In the symptoms, our first attention is called to pain in loco-motion, which at each movement, catches the prolapsed ovary between the sacrum and the uterus and giving rise to intense suffering. It is a pain similar to that often experienced when riding horseback, if mashing the testicle on the pommel of the saddle, nauseating and very sickening, and pale faced, with cool shivering.

The genito-crural nerve which runs down the thigh, is often the tract of pain in this trouble. A loaded rectum adds to the pain, as the hard feces act roughly on the sensitive parts. Pain confined to one groin, and in coition, are other symptoms of this malady. All this is attained by great hebetude, and extremely low spirits. Menorrhagia, dysmenorrhœa, and uterine trouble in general, most always forces these patients to seek aid.

Dr. Goodell prescribes first in these troubles: Brom. pot. grs. xxx, and tinct. digitalis gtts. x ter die, in 3 ss infusion gentian comp. He does this with the view of keeping down any erethism of the sexual organs, as both medicines are anaphrodisiacs. In two weeks then, he uses alteratives, and chloride of ammonium and bichloride of mercury are his favorites here; he also lauds chloride of gold and sodium. Blisters often repeated over each ovary, scarification, carbolized iodine, suppositories of iodoform and belladonna, and last, but by no means the least, *hot water*. Hard pessaries and those which are too short to stretch out Douglass' cul de sac do more harm than good; the air rubber pessaries are best suited to this condition of prolapsed ovary with some uterine displacements. Goodell uses an elastic ring pessary. Dr. H. E. Campbell, of Georgia, recommends the placing of the woman in the knee-breast

posture, almost three times a day, with knees ten inches apart, and thighs perpendicular to the bed. If the woman in this position opens the vulva with one hand, the air rushes in, and after the method of Sims. lifts the vaginal walls and sags the abdomen and contents down, but the woman cannot very well spare one hand and Dr. Campbell recommends the use of a glass tube open at both ends and to come out at the vulva.

Abdominal braces are used for supporting the external parietes, and Dr. Goodell explains their action thus: "By pressing the abdominal wall upward and inward the brace forms a shelf on which the viscera rest, and thus take off a portion of the load from the womb and its ovaries. By virtually narrowing the pelvic aperture, it lessens the space into which the viscera tends to crowd, and to that extent, protects the pelvic organs. By bringing the pelvis backward, it makes the axis of the upper strait lie more obliquely to the axis of the trunk; and the sum of the visceral pressure now converges, not in the pelvic basin, but on the portion of the abdominal wall, lying between the symphysis pubis and the umbilicus."

Dr. Weir Mitchell has combined with the knee-breast posture, rest in bed, massage, electricity, and forced feeding, and the daily forcing up of the ovaries, with the atmospheric method above described. The ovaries under this treatment, after fat and health are restored, generally stay up. If, after all, the ovaries remain prolapsed and give trouble, the dernier resort, is extirpation. This does not unsex a woman, nor make her less a wife or a mother, while it takes away all hopes of future offspring. (Goodell.)—DR. AUSTIN, in North Carolina Medical Society.—[N. C. Med. Journal.

A Successful Operation of Gastrotomy for Intussusception.—Harry B. Estill, M. D., Tazewell C. H., Va., says: On the 3d day of October, 1881, Oscar Holly—a strong, robust, muscular man—was suddenly seized with a severe abdominal pain, of a griping or spasmodic character, referred to the neighborhood of the umbilicus. My father, Dr. J. M. Estill, was immediately summoned, who exhausted all the known remedies for mechanical obstruction of the bowels, viz: catharsis, copious enemata, opium, etc., without result. He continued to treat the patient upon general principles, until Saturday morning—five days after his attack began—when, according to previous arrangements, he started for the meeting of the Medical Association of Virginia at Old Point Comfort, and I, who had been absent in the meantime, saw him, at two o'clock on Saturday morning, for the first time. I found him with coldness of the skin, prostration, distressed countenance, persistent constipation, constant vomiting entirely of a stercoraceous character, abdomen tender and very tympanitic, with a slight tumor, dull upon percussion, immediately to the left of the umbilicus. From these symptoms, and the history of the case, I diagnosed intussusception or invagination, and decided that an operation was the only remedy by which to give my patient a chance for life.

Accordingly, on Monday morning, the 10th day of October, and the eighth day of Holly's illness, I, with the kindly assistance of my friends Drs. A. S. Hoffard and Thomas Witten, performed the operation of gastrotomy, opening the abdomen between the umbilicus and pubes, along the linea alba, five inches, through the peritoneum, and passing my fingers to the supposed point of obstruction, I found the diagnosis to be correct, the invagination occurring in the small intestines (jejunal) immediately to the left of the umbilicus. The gut *below* the obstruction was very much engorged, and presented every appearance of acute enteritis. The adhesions were pretty firm, but with moderate force they were separated. The wound was closed with sutures, the peritoneum being included; but, on the fourth day, as considerable peritonitis had supervened, the sutures were removed and plaster substituted therefor. The peritonitis very readily yielded to treatment; the temperature did not exceed 100° F., and the pulse did not reach 100. I should have mentioned, that the antiseptic method (Lister's) was used throughout.

On this, the 22d day after the operation, the patient is able to walk, and in a few days will be able to engage in his usual avocation.—[Va. Med. Monthly.

The Best Position for Women in Labor.—Dr. G. J. Engleman (*Trans. Amer. Gynæ. Society*, 1880, p. 266) after a very careful study of this subject, reaches the following conclusions: (1) In the ordinary labor case, the patient should be given greater liberty and should be permitted to follow the dictates of her natural instinct in regard to her movements more freely than is now customary. (2) In the earlier stages of labor the parturient must be guided in her actions, and in the position assumed, by her own comfort and dictates of her own instinct. Not only is this the invariable rule among the savages, but it was also warmly advocated by the shrewd and observing obstetricians of the past, and by those eminently practical and successful midwives of old. (3) The ease with which the parturient women of uncivilized people avoid the dorsal decubitus, the modern obstetric position, at the termination of labor, is sufficient evidence that it is a most undesirable position for ordinary cases of confinement; and I am convinced that the thinking obstetricians will soon confirm the statement not unfrequently made by the ignorant but observing savage, by Negro and Indian, that the recumbent position retards labor and is inimical to easy, safe and rapid delivery. (4) In the ordinary labor cases the expulsion of the child should be expected in an inclined position, kneeling, squatting, or semi-recumbent, in bed or lap, as is done by the great majority of uncivilized people for the following reasons: (a) These positions permit the free use of the abdominal muscles. (b) The force of gravity does not counteract the expulsive effort, as in the recumbent position, nor does it unite with it too freely and hasten labor unduly, as in the erect posture. (c) With the assistance of a rope, stake or other support the parturient can vary the inclination of the body and correct the labor, hasten or retard the descent of the child and relieve the pain, changing the axes of the

body and throwing the foetal head towards the sacrum or symphysis. (d) Injury to the soft parts is less liable to occur in these positions, if we may accept the rapid getting up and freedom of our Indian squaw from all uterine diseases as proof of this statement. (5) Of these positions the semi-recumbent is the most serviceable, and should be adopted as the obstetric position in all ordinary labor cases. It is preferable to the kneeling or squatting: (a) As being more convenient and comfortable, not exposing the person and not being objectionable to the modesty of the patient. (b) As affording more rest and not being tiresome, which is a serious objection to the kneeling and squatting positions as applicable to the tender female of our civilization. (c) The semi-recumbent position in bed, the body at an angle of forty-five degrees, the hips resting on a hard mattress, thighs well flexed, is the easiest, most comfortable, and appears to afford the greatest relief and the greatest freedom from pain, coupled with the greatest effect of the uterine contractions, relaxations of all the parts and free play of the abdominal muscles. (d) The pelvis is more readily fixed in this position. (e) The perineum has a certain support which does away with the questionable proceeding of supporting the perineum during the expulsion of the head and shoulders, by which more harm than good is usually done.—*Detroit Lancet*.

Sodium Phosphate in Habitual Colic.—Dr. R. N. Taylor, in the Medical Herald, writes:

"It has fallen to my lot to have been beset with a number of patients who would persist in having colic at the most inopportune moments imaginable; first one, and then the other, then still another one, these colicky friends of mine were constantly interfering with my professional engagements, and what was more important still, with my hours of rest. Without entering into a discussion of the pathology of these cases, I beg leave to present in brief the history of one of the worst I have ever seen, together with the treatment, which resulted in completely warding off the attacks in this case, as in all others in which it has been carried out:

"Mrs. H—, aged seventy-two years, for fifteen years has been the subject of attacks of cramp-colic, recurring at first every two or three months, but for six years past coming on every two weeks, sometimes every week; has taken nearly everything in the materia medica, both at the hands of regulars and quacks, without any benefit, the attacks continually recurring, and that without any regard to errors of diet, coming on at nearly regular intervals, no matter how careful or how particular she might be in regard to her diet.

"During the paroxysms of colic the pain is most atrocious, accompanied by cramping pain in the extremities, nausea, vomiting, etc., to such an extent as to demand my immediate presence, armed with the hypodermic syringe.

"The patient was put upon the use of phosphate of soda, grs. xxx., ter in die, before meals and—the fees stopped. She had no more attacks of colic. If she omits the use of soda for a length of

time, say six or eight weeks, she will have a few premonitory twinges, the precursors of a more severe attack; but immediately obtaining a supply of the drug, she is safe so long as she continues to use it, and for some time afterwards.

"This is not an isolated case, but one of several that could be adduced in favor of the use of phosphate of soda in the colic habit; but it is deemed useless to multiply instances upon so trivial a *matter*. Suffice it to say that I have never failed to see the administration of phosphate of soda followed by a complete cessation of the attacks of colic, and my experience in the use of this drug has now become quite extensive.

"In these cases I generally begin with thirty grains three times a day, and if that amount produces much irritation of the bowels, indicated by frequent small discharges, attended perhaps by some tenesmus, I diminish the dose to twenty or fifteen grains. It is to be administered before meals, from a half to one hour, in a glass of water, and when thus dissolved it is not at all unpleasant to the taste."—*Drug. Circular.*

The Limit of Danger in the use of Anæsthetics.—In this connection certain investigations recently made by Professor Paul Bert, and reported in the *Gazette des Hopitaux*, are interesting and instructive. He made a great number of experiments on dogs, mice and sparrows, with the following anæsthetics: ether, chloroform, amylene, bromide of ethyl, and bichloride of methylene. His principal object was to determine the differences which separate anæsthetic doses from fatal doses; that is, the proportions in which the anæsthetic agent becomes mingled with the blood in order that it may induce only anæsthesia, or cause the death of the animal. The number of grammes of the anæsthetic to 100 liters of air necessary to produce these effects is as follows:

	DOG.		MOUSE.		SPARROW.	
	Anæsthesis.	Death.	Anæsthesis.	Death.	Anæsthesis.	Death.
Ether.....	37	74	12	25	18	40
Chloroform.....	15	30	6	12	9	18
Amylene.....	30	55	15	30	30	60
Bromide of ethyl.....	22	45	7.5	15	15	30
Bichloride of methylene.....	21	42	12	20	12	24

It is seen from these figures that the quantities which cause death are exactly double those that are necessary for the production of anæsthesia. Now, in practice, when chloroform is, for example, poured on a napkin, it constantly happens that a patient is made to inhale twice as much of the agent as is necessary to induce anæsthesia; in other words, the risk is run of getting what *might* prove a fatal dose. It is certainly an alarming consideration that, to produce death, only double the dose necessary for anæsthesia is required. All who have occasion to administer the valuable but dangerous agents for anæsthetic purposes should bear this fact constantly in mind.—*Eclectic Med. Jour.*

Small-Pox in Richmond.—There are, at this writing, not more than 72 cases—if, indeed, so many—of small-pox and varioloid in

Richmond—including the cases in the Small-pox Hospital, as well as those in private quarters. From first to last, of the present epidemic, the disease has been almost confined to the negroes and lower white population. But now, even these elements of the community are having their eyes open to the necessity of vaccination, and are either submitting themselves to the advice of their family physicians, or else are crowding the offices of the public vaccinators. There need be no longer any apprehension as to the further material spread of the disease.

If there were doubts in the minds of any in this community heretofore as to the protective value of vaccination, such doubts can no longer have foundation. But another equally valuable lesson learned by some is, that vaccination is not a protection for a life period in many cases. Revaccinations, at short periods—even every three or four years—is a prudential measure to be adopted in well regulated families. Some of the patients who have had severe cases of varioloid, during the present epidemic, claim to have been, and give evidences of having been, successfully vaccinated only five or six years ago. Repeated vaccinations every four or five years are not apt to do harm; failure to be as frequently revaccinated may result in great injury to a community as well as to the negligent individual.

This seems to have been an epidemic year for small-pox in many sections of the United States. Let those communities which have not been afflicted take warning, and *at once* submit themselves to vaccination and revaccination. Such a course, if adopted at once, will render it wholly unnecessary to think of quarantines.—*Virginia Medical Monthly*.

Restoring the Heart's Action When it has Ceased to Beat.—I do not remember what induced me to kill a mouse by a blow upon the head, and rip it open to see the heart beat. It did not. I pricked it with a needle and set it a-going. It stopped after a time. Then I gave it a second prick, and a few pulsations were distinctly seen. When I was in petticoats my father was sent for to see a girl in a fit. He was out, and when he came home he was informed of the fact. "How long ago, and any second message?" Being told, he thought he need not go. My mother suggested he "ought to go," which he did. He found the girl dressed in her grave-clothes and "laid out" upon a linen-covered table. He examined her and found some warmth over the heart. He ordered hot water to be brought (not scalding hot), and poured it into a jug; tore her shroud open, stood on a chair, and poured a continuous stream of hot water, until the throbbings of the heart were distinctly seen. That girl was the mother of several children before I left Scotland, in 1848. My mother used to laugh, and take her share of the credit of her restoration to life.

An old man here, Robert Robinson, several years before his death, took a fit, and apparently expired upon the floor, where he was lying, pulseless and breathless. The heart had ceased to beat, and I was told that "he was beyond any doctor's power now." I felt some warmth over the heart, and tried my father's remedy;

and to the wonder of spectators, the septuagenarian revived and lived several years afterward. Hot water can easily be obtained, and no one can object to such an experiment,—[J. C. Reid, M.D., *British Medical Journal—Southern Practitioner*.

Ipecacuanha in Jaundice.—Professor Rossbach had observed a certain catarrhal condition in the trachea in the cat, in which it was found to be exceedingly constant; and if he injected ipecacuanha into the veins of the animal, it became at once very much increased, and very much less tenacious. That was exactly what was wanted here—something which would enter the blood and act upon the mucous in the bile-ducts, and thus allow the bile to push its way into the duodenum. It had been asked what doses of ipecacuanha were used. He had himself had no experience of the use of ipecacuanha in jaundice. In fact, it was only a month or two since he learned of it, and he had had no cases directly under his treatment since.

Dr. Ewart had mentioned that a quarter of a grain to a grain was used in India. It depended upon the nausea.

Lately, also, Dr. Hook, of Bombay, recommended it in very large doses in the same way as for dysentery. He gave a sixth of a grain of morphia beforehand, and then thirty grains of ipecacuanha half an hour afterwards as a bolus; and he had found cases of jaundice improve very satisfactorily in a very short time, and one case in twenty-four hours that had resisted other treatment. The other plan of treatment, as Dr. Ewart had mentioned, was that of continued small doses. Then, in regard to the action of euonymin, he had not tried it in jaundice, but in other cases of intermittent liver disorder in consequence of malaria in men who had been out in India, say three grains of euonymin, made up into a pill, every second or third night, followed by a little Carlsbad water in the morning. Usually he told his patients to take a large draught of the water in the morning after the pill, and on the other mornings the same quantity of the water taken in small sips, as they did at Carlsbad, so that a tumblerful should last them till they had finished dressing, the water to be previously heated to the warmth of warm tea, so that they could comfortably sip it. This combination of euonymin with Carlsbad water gave very good results indeed in these cases of biliary disorder depending upon chronic malarious poison.—[Med. Times.

Pneumonia Aborted with Quinine.—Dr. Munson, in *Virginia Medical Monthly*, reports a number of cases aborted or cut short with quinine. He says:

"Give quinine boldly, and continue it at intervals of four or five hours, until the pulse approaches the normal standard. I would advise that the first dose should not be less than 20 grains for an adult, if decided febrile action is present, to be repeated in doses of six to ten grains every four or five hours, until 40 grains are taken, if necessary, to reduce the pulse. I would not advise more than 40 grains to be given in the first 24 hours. Less (say 30 grs.) will ordinarily suffice.

The medicine must be persisted in from day to day until the symptoms yield. I have been compelled to continue it in some cases for four or five days, but this has been very rarely necessary. Usually it will only be required in diminished doses after the first day of treatment—the rule being simply to increase the dose according to the violence of the febrile reaction. It is my custom to give the first dose during the latter hours of night, or very early in the morning, and to precede it by three or four hours with a full dose of calomel. The sulphate restrains the mercurial from exciting hypercatharsis; the calomel resists the sedative influence of the quinine, besides possessing other virtues unnecessary to repeat.

Give the quinine early the first night the patient is seen. Do not wait until the lungs are blocked up with blood—and above all, do not postpone it until that final, fatal delirium appears. The patient is then usually doomed. Do not, however, despair even then—for this treatment will sometimes rescue him when hope has almost fled.

When the pulse is below the normal standard, do not give large doses of quinine. The dose ought not to transcend three or four grains in four or five hours, nor should more than 12 or 15 grains be given in 24 hours, watching closely its effects. In adynamia, small doses might depress too much.

Weigh your medicine carefully. I attach a doubtful value to the experience of any one who pursues the uncertain and reprehensible custom, too prevalent among physicians, of *guessing* at the doses of their medicines. The pauper, convict and jail-bird have all of their medicines weighed or measured. Surely the worthy and respectable recipients of our skill deserve no less care.

MODE OF ADMINISTERING QUININE.—I prefer to give it simply diffused in cool water. If this is impracticable, after being ground finely, it may be made into pills with syrup or gum arabic (U. S. Ph.), or placed in the capsule of lichen before mentioned, or mixed in coffee. I know no moderate quantity of this latter vehicle will interfere with the salutary action of the remedy, as Briquet (Op. cit. p. 306) erroneously supposes.

Be sure that your quinine is genuine. I use Powers' and Weightman's exclusively. The foreign articles in my hands have often failed.—*Ex.*

Catching Cold.—Few persons take cold who are not self-consciously careful or fearful of the consequences of exposure. If the attention is wholly diverted from self as in efforts to save life at a fire, or in the water, the effects of chill are rarely felt. This seems to indicate that the influence exerted by cold falls upon the nervous system. If the immediate effects of the contraction of the surface vessels by cold and the coincident dilation of the internal vessels sufficed to produce an inflammation, then surely we would have such inflammations all of the time. But as a fact, when the vascular system is healthy and that part of the nervous apparatus which controls the calibre of the vessels acts properly, then any disturbance of the equilibrium of the vessels, which may have been produced by cold, will be speedily readjusted. This being

granted, everything depends upon the nervous system. Now consciousness is one element in the production of cold, and when this is wanting the phenomena is not likely to occur. Hence it is that persons who do not cultivate the fear of cold-catching are, as a rule, not subject to this infliction. This also explains why the habit of wrapping up tends to keep up a morbid susceptibility. The mind, by this fear-begetting precaution, keeps the nervous system on the alert for impressions of cold and the centres are, so to speak, panic stricken even when a slight sensation appears. Many of the sensations of heat or cold which are experienced by hyper-sensitive persons have not external cause. They are ideal in origin and ideal in fact."—*Detroit Lancet*.

New Treatment for Syphilis.—The Paris correspondent of the London Lancet writes: M. Martineau has published the result of a large number of cases of syphilis treated by a new method at the Hôpital Lourcine. The preparation employed consists of a mixture of powdered peptone, chloride of ammonia, and bichloride of mercury, which are dissolved in water and glycerine. In order to have a standard solution which shall contain five centigrams (.02 grain) in a gram, the following proportions are taken:

R Powdered peptone (Catillon)..... grs. ix.
 Chloride of ammonium..... grs. ix,
 Bichloride of mercury..... grs. vj, M.

These are dissolved in glycerine, seventy-two grams; water, twenty-four grams. This solution, which the author calls "normal," further diluted with five parts of distilled water, is of such strength that an ordinary French hypodermic syringe represents ten milligrams, or one-fifth of a grain of corrosive sublimate. The solution is injected subcutaneously, and the dose employed by M. Martineau has varied from two milligrams (1-25 grain) to ten (1-5 grain) of bichloride of mercury. Altogether one hundred and seventy-two patients have been under observation, and a total number of three thousand eight hundred and thirty-eight hypodermic injections made. No abscesses or sloughs have ever followed the operation; sometimes a defective injection has given rise to a lump, but this has always rapidly disappeared. There is never either stomatitis or salivation, even with one-fifth of a grain of the mercuric salt daily.—*Med. and Surg. Rep.*

Treatment of Chronic Ulcers of the Leg.—Courty's procedure in leg-ulcers is as follows: First, the sore is cleansed by washing with antiseptic solutions, as carbolic acid, salicylate of sodium, thymol, chloral, permanganate of potassium. Then, later, soap or an alkali is used to remove the debris and excess of epidermis. Proceeding then to the stimulation of the granulations, Courty spreads red precipitate ointment (strength of 1-50 to 30) on fenestrated pieces of linen, and then lays these over the ulcer. Over this cotton compresses are laid in sufficient thickness to absorb all the purulent discharge. Over this is placed a slightly compressive rubber bandage. Courty says that patients soon

learn to put this bondage on for themselves twice daily, which is advisable. He thinks that the red precipitate ointment, combined with the warmth and moisture, lead to active hyperæmia of the granulations, with absorption of the callous edges of the ulcer. When the granulations begin to grow excessive, and the border of the ulcer has softened down, it is time to begin the attempt at cicatrization. Courty thinks that care should be taken at this stage to avoid too rapid drying of the newly-formed epidermic layers, and the consequent puckering or fissuring about the border. Moist warmth, he thinks, best effects this.

Among the means used to favor cicatrization, Courty recommends an aromatic wine, containing, occasionally, some salt of copper or arsenic. Transplantation, also, according to Courty, is advantageous when there is an extensive granulating surface. When the aromatic wine cannot be employed, nitrate of silver may be used, or, if this is too strong, Sydenham's laudanum. Frequently the application of the aromatic wine is followed by dressing with an ointment containing one part tinct. opii to ten parts simple cerate. This opium ointment is almost invariably employed together with compresses to finish up the cicatrization.—*Med. Times.*

Treatment of Hernias of Long Standing.—The following conclusions are reached by M. Thiry, in a paper on the above subject presented by him to the Royal Belgian Academy of Medicine: (1.) Old hernias of large extent, constituting a variety of eventration, are susceptible of reduction in most cases. (2.) The large volume of hernia is never a contradiction to its reduction, although it necessitates the adoption of certain precautions, and the employment of considerable time. (3.) The diminution in the capacity of the abdominal cavity, in old hernias, is never antagonistic to a slow, methodical, and progressive taxis. (4.) By slowly re-entering the abdominal cavity, the extended parts gradually resume their former place. (5.) The best method of reduction is the "compressing taxis," which consists in only restoring organs to their natural position after they have been relieved, by pressure, of any vascular engorgement. Those organs which effected an exit last should be first replaced. (6.) In this variety of hernia, an elastic truss, adapted to the gradually decreasing size of the tumor, should be attached to an abdominal belt. (7.) When the hernia has been completely reduced, the projecting knob of the truss, with properly shaped convexity, should penetrate the ring and adapt itself to its dimensions.—*Bulletin de L'Academic Royale de Medicine de Belgique.*—[*Buffalo Med. Journal.*]

Coca a Cure for Morphinism.—*La Independencia Medico* quotes the following case: A lady had been in the habit of alleviating her sufferings with morphine, of which drug she finally took sixteen grains a day. Thirty hours after having taken her last dose she was found in great anguish, excitation and inquietude. During the night chloral hydrate and iodide of potassium were given to allay the excitation and produce sleep. The next day she

was very weak and restless, hardly able to speak, and tormented with vomiting; the pulse was 150. The fluid extract of coca was administered in doses of a tablespoonful. The first dose had but little effect. The second was followed by a wonderful change; the pulse fell to 85, the countenance assumed color and animation, and the vomiting ceased. The patient began to speak, and was in excellent spirits. She slept almost half of the following night, awoke refreshed, with a pulse of 75, took breakfast, and digested it well. She continued to improve, rode in a carriage for quite a distance, and left the city next day, taking with her an eight-ounce bottle of coca, which remedy she continued to take in diminishing doses. When she ceased taking it she was enjoying good health, without the use of morphine.—*N. Y. Med. Record.*

Alcohol.—The power of alcohol, says Bartholow, to coagulate albumen, to suspend the activity of the unorganized ferments, and to destroy minute organisms, lies at the foundation of its external uses. It is a most efficient hemostatic to restrain bleeding from wounded surfaces. "As an antiseptic dressing to wounds, to prevent the entrance of the germs of putrefaction, to check suppuration, and to promote healing, it has scarcely been inferior to the much-vaunted carbolic acid. It is an efficient means for procuring local refrigeration of an inflamed joint or swelling. Injected under the skin in the neighborhood of painful nerves, it has no inconsiderable anodyne power. This property may be utilized for the relief of myalgia and lumbago. It is more efficient than water, used by the method now known as aquapuncture. Enlarged tonsils, hypertrophied thyroid, and glandular swellings may often be slowly reduced and made to disappear by the parenchymatous injection of alcohol. This method is also applicable to the treatment of uterine fibroids."—[*Med. Record.*]

Dietetic Treatment of Intestinal Fluxes.—Under the above heading Dr. E. N. Chapman, of Brooklyn, gives a very interesting and rational article in the September number of the *Virginia Medical Monthly*. In all cases under this head he prescribes milk, with an addition of one-sixth part lime water for the principal diet. In many cases he finds it necessary to begin with a small dose of calomel, followed by castor oil, and sometimes he combines tonics, etc., according to indications; but he finds this particular diet useful in all cases, and his reports of cases show rapid cures effected in many obstinate chronic cases, as well as in the more impressible acute cases. The diarrhœa of typhoid fever is no exception to the rule, but he always prescribes the diet above mentioned in this disease, because of its simplicity and rationale. The treatment recommends itself as worthy of trial.—*Detroit Lancet.*

Capsulotomy.—The great question in extracting cataracts has always been as to the best method of dealing with the *capsula lentis*. Græfe taught the absurd plan of attempting to make a triangular section with two cystotomes curved so as to adapt them

best to enter, one at each angle of the corneal section; and, commencing at the inferior margin in the vertical meridian, cut upwards and outward toward the opposite angle to that at which the cystotome was introduced, thus incurring the risk of producing an ectropia which would greatly endanger the safety of the eye. The peripheral laceration, which was introduced by the writer in 1876, and since practiced successfully by Knapp and others, allows so much cortical matter to remain as to make it desirable to practice central incision with the point of the knife in making the corneal section.—*Med. Herald.*

Mr. Jefferson Davis, in his work, "The Rise and Fall of the Confederacy," refers to Documents put forth by the Secretary of War and Surgeon General, U. S. A., and shows, by them, that there were, in round numbers, 270,000 Union prisoners, of whom 22,000 died; while there were 220,000 Confederate prisoners, of whom 26,000 died; that is to say, the mortality among the Union prisoners was less than 9 per cent.; while that among the Confederate prisoners was more than 12 per cent. These figures are official. The mortality of the prisoners was thus 25 per cent. greater in the prisons of the United States.—*American Med. Bi-Weekly.*

New Test for Albumen in the Urine.—Dr. Henry Luffmann exhibited a new method of testing for albumen by the use of glacial phosphoric acid in fine powder, a few grains of which are to be added to the fluid to be tested.

Dr. Neff inquired whether the reaction of the urine would have any effect upon the test.

Dr. Luffmann said that he did not think it would, because the test is used in sufficient quantity to overcome any alkalinity, and, as it diffuses very slowly, it would show the albumen at once.—*Medical Times.*

Comparative Proportion of Physicians to Inhabitants in Different Countries.—The latest calculations give the following proportion of physicians to each ten thousand inhabitants in various countries:

France,	2.91,
Germany,	3.21,
England,	6.06,
Austria,	6.10,
Italy,	6.10,
Switzerland,	7.06,
United States,	16.24.

—*Medical Times.*

Hot Rectal Douche.—Dr. James R. Chadwick, in Gynecological Society Medical Times, writes upon "Hot Rectal Douche," and gives a number of interesting cases of uterine and associated rectal disease relieved by this method, and urges its use as a means of relief in backache, painful defecation, rectal pain, burning in abdomen and pelvic effusion.—*Med. Times.*

SCIENTIFIC ITEMS.

Grafting the Tomato on the Potato.—Mr. Hiram Stidolph, of Jefferson County, Ala., writing to the Rural World, in October, says: "I have this summer grafted a tomato vine to a potato vine. It is now growing finely. If it had not been such a dry summer I think it would now be full of fruit, and I should probably have potatoes at one end of the vine and tomatoes at the other end. It has been grafted four months and is now (October 15) full of blossoms. It is the most singular piece of grafting I have ever done. I have grafted white currants upon black currants and on red ones, and a gooseberry on a currant, which bore a gooseberry the first year. But grafting the tomato on the potato gave me more trouble than any grafting I ever did. The tomato vine looked sickly for a long time, but I shaded and watered it, and it finally grew and produced blossoms, as I have stated."—*Indianapolis Practitioner*.

Meteorites.—What is the origin of these masses of stone and iron? Whence do they come? Various theories have been advanced on the subject, according to which they have been assumed respectively to originate in the atmosphere, to have been ejected from volcanoes, or projected from the moon or some other planetary body. The two former have been dismissed as crude and absurd, and the moon theory, though supported by La Place, has fallen into disfavor. Again, they have been supposed to be the debris of comets, but the common leaning now seems to be toward Chladni's belief that they are bodies revolving in space, which, coming within reach of the earth's attraction, are precipitated upon it. No theory, however, yet promulgated, accounts for all the known facts. The belief in their terrestrial origin occasionally crops up, and is more or less plausibly sustained. Its latest phase as developed by Dr. Ball, Astronomer Royal for Ireland, views them as bodies expelled in the remote past from the earth's volcanoes with velocity sufficient to be carried beyond the earth's immediate attraction and then to move in orbits around the sun. Whenever the earth in its journey round the sun crosses one of the meteoric paths, and one or more of these bodies is present, it is reabsorbed by the earth.

The most recent discovery in connection with this subject is the claim of a German scientist, Dr. Hahn, to have found in stony meteorites indisputable evidence of organic life in the shape of microscopic structures of fossil corals, sponges and sea-weed. Although his claims have some support, it is yet too early to give a definite opinion; but should they eventually be proved true, they will have an important bearing on the question of origin.—*Leffel Mechanical News*.

A movement is being pushed among capitalists and builders advocating the use of slate as a substitute for marble and granite in public buildings. The supporters of the movement assert that slate is more durable than marble or granite, and it is impervious

to heat. Slate it is said, will absorb the rays of the sun, can be plained, sawed or ground like wood, grows harder by exposure to the weather, and is a building stone that will last for ages. There are four colors of slate—green, red, verigated and purple, and it is proposed to erect a building as a specimen, to be inspected by interested parties.—*Ibid.*

Snakes.—M. de Lacerda has found that permanganate of potash is very efficacious as an antidote to the poison of snakes. He experimented on dogs, injecting a one per cent. solution of the substance into the cellula tissue or into the veins, after the poison, and the usual effects of the latter were strikingly obtained. In one series of experiments the poison was allowed time to take some effect before the permanganate was injected, the dogs showing dilation of the pupil, respiratory and cardiac derangements, muscular contractions, etc. Two or three minutes after the antidote was given these troubles disappeared, and after fifteen or twenty-five minutes of some measure of prostration, the animal would be able to walk and even run about, and recover its normal aspect. The same dose of poison, not counteracted, caused death, more or less rapidly.—*Ibid.*

Quicksilver.—One of the most curious properties of quicksilver is its capability of dissolving or of forming amalgams with other metals. A sheet of gold foil, dropped into quicksilver, disappears almost as quickly as a snowflake when it drops into water. It has the power of separating or of readily dissolving those refractory metals which are not acted upon by our most powerful acids. The gold and silver miners pour it into their machines holding the powdered gold-bearing quartz; and, although no human eye can detect a trace of the precious substance, so fine are the particles, yet the liquid metal will hunt them out, and incorporate it into its mass. By subsequent distillation it yields it into the hands of the miners in a state of virgin purity.—*Ibid.*

Cold Fire.—M. Friedel has introduced a new liquid hydrocarbon, which, according to recent experiments, seems to be possessed of extraordinary qualities. It boils at one hundred degrees Fahrenheit, gives a brilliant white light, unaccompanied by heat; and the slightest puff of wind will extinguish it in case of accidental ignition. The corner of a pocket-handkerchief, or even the finger, can be dipped into it, lighted, and used as a temporary torch, without any injury to the novel wick. Owing to the cold produced by the rapid evaporation of the liquid, it would thus seem possible, by means of this new agent, to make one finger serve as a taper whilst sealing a letter with the other.—*Progress of Science.*

Stain for Mahogany Cherry.—The most simple and best stain for mahoganizing cherry is ground burnt sienna, mixed in benzine or turpentine. Apply with a brush or sponge, let it stand for a short time, and clean off with a cloth. It will be better to let it remain in this condition until the following day before commencing to finish.—*Druggist and Circular.*

PRACTICAL NOTES AND FORMULÆ.

Diarrhœal Disorders of Infancy.—Dr. L. A. Davidson, of West Virginia, writes in the Medical and Surgical Reporter: I offer the following as a remedy in diarrhœal disorders of children, when the child has passed dentition, and diarrhœa has been protracted some time, through summer heat—

Syrupi sacchari albi.....	3j,
Pulv. rhei.....	3j,
Sodii bicarb.....	3iss,
Pulv. columba.....	{ aa 3ij,
Pulv. pepsin, Americanæ.....	
Tinct. capsici.....	gtt. xxj

One teaspoonful every other time the bowels move, in new, cold, alkaline milk (as can be had in rural districts.)—*Drug. Circular.*

Aquarium Cement.—The following is recommended by Dr. John Phin—

Litharge.....	3 parts,
White sand.....	3 “
Plaster of Paris.....	3 “
Resin.....	1 part.
Boiled linseed oil, sufficient.	

The solids are to be taken by measure in powder and mixed. As it sets rapidly the oil must not be added until it is wanted for use. It is better for being put into a mortar and pounded. It hardens in three days. It will hold glass firmly, and with it glass tanks may be made without frames, if the angles are well filled with cement. It is a kind of mastic, and could be used on brick.—*Drug. Circular.*

English Hop Bitters.—

Orange peel.....	2 ounces,
Calamus root.....	1 ounce,
Burnet saxifrage root.....	1 “
Hops.....	½ “
Alcohol.....	16 fl. ounces,
Water.....	24 fl. “
Sugar.....	4 “

—*Druggists' Circular.*

Spasmodic Dysmenorrhœa.—

R Powdered valerian.....	3iii,
Laudanum.....	gtt. x,
Aquæ ferv.....	3viii.

M. Sig. As a rectal enema in conjunction with baths and antispasmodics.—Prof. F. B. Fonsgreves, of Paris, in Medical Gazette.

For Worms.—

R	Castor oil	}	aa 1 oz.
	Spts. turpentine.....		
	Tinct. myrrh.....		
	Worm seed oil.....		2 dr.

M. Sig. Give half a teaspoonful, with as much molasses, according to the age of the child, on an empty stomach, two or three times, half an hour apart.—*Clinical News.*

Inflamed Hemorrhoids.—

R	Glycerine.....	3 parts,
	Gelatine	1 part,
	Ex. bellad. vel opii.....	$\frac{1}{2}$ grain.

The gelatine is melted in the glycerine, and suppositories are obtained of consistence for introduction into the anus. It should be introduced as deeply as possible.—[Med. and Surg. Rep.]

Styptic Colloid.—The following instantly coagulates blood, forming a consistent clot, under which wounds will readily heal—

Collodion	100 parts.
Carbolic acid.....	10 "
Tannic acid.....	5 "
Benzoic acid.....	5 "

Mix the ingredients in the above order.

Repression of Beat Production.—Quinine is used for this purpose. It should be administered in large doses. Three or four doses are sufficient. Digitalis produces a contraction of the arterioles—

R	Quiniae sulphatis.....	grs. x,
	Tincturae digitalis....	mj or iss,
	Acidi hydrochlorici dil.....	m v.

M. Sig. One dose; to be taken in one glassful of water.—*Ex.*

Ointment for Scabies.—Dr. H. G. McAllister, of McAllisterville, Pennsylvania, physician in charge of the Soldiers' Orphan School at that place, sends us the following formula, which he has found efficacious in curing scabies, with which the children of the school had been afflicted for a long time—

R	Hydrarg bichloridi.....	3ij,
	Pulv. capsici.....	3j,
	Pulv. sulphur.....	3iv,
	Adipis.....	lbiv.

M. Sig. Mix by gentle heat and keep stirring it constantly while cooling.—[Med. and Surg. Rep.]

Ointment.—It is said that almost a perfect basis for ointments is made by mixing cold cream, made from oil of almonds, white wax and spermaceti, with cosmoline, in suitable proportions.

For Habitual Constipation.—

- R Fluid ext. cascara sagrada..... I oz.
 Glycerine I oz.
 Fluid ext. nux vomica.... I dr.

M. Sig. Teaspoonful night and morning.—[Peoria Medical Monthly.

Headache.—We select the following prescriptions for headache from a number collected from various sources by the Hospital Gazette.—[Med. News.

URÆMIC HEADACHE WITH DEFICIENT RENAL ACTION.

- R Potass citrat..... ℥ i
 Spts. juniperi..... ʒ j
 Spts. æther. nitros..... m xx
 Decoc. scoparii..... ʒ j

M. Sig. This amount three times a day.

HEADACHE ASSOCIATED WITH GOUTY DIATHESIS.

- R Liq. potass. ars.....
 Liq. potassæ..... aa ʒ j
 Tinct. colchici..... ʒ ij
 Tinct. lavandulæ. co..... ʒ ii
 Aquæ pura..... ʒ vj

M. Sig. A tablespoonful in a wineglassful of water twice a day after food.

DYSPEPTIC HEADACHE WITH FLATULENCE, ACIDITY AND PYROSIS.

- R Sodæ bicarb.....
 Bismuth subcarb.....
 Pulv. acaciæ..... aa ʒ j
 Spt. amm. aromat..... ʒ ij
 Syr. zingib..... ʒ ii
 Aquæ puræ..... ad ʒ viij

M. Sig. Two tablespoonfuls three times a day, half an hour before food.

CONGESTIVE HEADACHE.

- R Ammon. bromid..... ʒ j
 Spt. amm. aromat..... ʒ ss
 Aquæ puræ..... ʒ jss

M. Sig. To be taken on rising in the morning.

BILIOUS HEADACHE WITH FLATULENCE.

- R Magnes. sulphat..... ʒ vj
 Magnes. carbonat..... ʒ j
 Tinct. lavand. co..... ʒ ii
 Aquæ menth. pip..... ad ʒ viij

M. Sig. A sixth part to be taken early in the morning and repeated as may be necessary.

NEURALGIC HEADACHE WITH CONSTIPATION.

R	Quiniæ disulph.....	gr. xij
	Acid. sulph. dil.....	3 ss
	Tint. ferri perchlor.....	3 ij
	Spt. chloroformi.....	3 ij
	Magnes. sulph.....	3 jss
	Syr. zingiberis.....	3 ij
	Aquæ.....	ad 3 xij

M. Sig. Two teaspoonfuls three times a day.

NEURALGIC AND NERVOUS HEADACHE MARKED BY GENERAL DEBILITY AND DEFECTIVE NUTRITION.

R	Clacis hypophos.....	gr. 80
	Tinct. ferri perchlor.....	3 ij
	Quiniæ disulphat	gr. xvj
	Strychniæ.....	gr ss
	Spt. chloroform.....	3 ij
	Syrupi.....	3 jss
	Aquæ puræ ad.....	3 viij

M. Sig. A tablespoonful three times a day in a wineglassful of water.

Case of Gonorrhœa.—Male, age 23, suffering from gonorrhœa, applied to me October 12th for relief. He said the discharge appeared four days after exposure, and was very slight for the first three days. He had tried a remedy recommended by a friend, and at the end of seven days found himself very much worse, the discharge being quite profuse, thick and creamy. I gave him the following:

R	Aqua camphora.....	
	Aqua dist.....	aa 3 ounces
	Acid boracic.....	2 drachms

M. Inject four times daily.

At the same time giving specific directions concerning his diet, habits of living, etc. October 17th, patient returned, the discharge had ceased, but he complained of strange itching sensation in the urethra. Gave him same injection, except adding 15 minims of carbolic acid to the six ounce mixture, also an alkaline diuretic. October 25th, returned again saying he was cured.—[Dr. MURDOCK, in Peoria Med. Monthly.

Treatment of Hydrocele.—Dr. T. L. Ogier, of Charleston, S. C., in American Bi-Monthly, gives his experience in the cure of hydrocele, which is prompt and painless. His method is to inject with a hypodermic syringe, one drachm of tincture of iodine into the sac, once in three days until the fluid is absorbed. The desired result is usually obtained in about ten or twelve days. The doctor's theory is that the injected iodine makes the fluid in the sac only sufficiently stimulating to cause the absorbents to absorb the fluid.—*Northwestern Lancet.*



EDITORIALS AND MISCELLANEOUS.

OUR JOURNAL for 1882 will in no respect fall behind its present high standard as a practical and progressive Journal, but will improve in all departments, furnishing a better Journal for the ensuing year than ever before presented.

Parties receiving the present number as a sample, are requested to subscribe. Try it for the next year, or for six months at least, and if you are not pleased with it, then drop it and take our hat.

ALIENIST AND NEUROLOGIST

Is a quarterly journal of Scientific, Clinical and Forensic Psychiatry and Neurology, intended especially to subserve the wants of the general practitioner of medicine; edited by C. H. Hughes, M. D., and an associate corps of co-laborers. Terms, \$5.00 per annum in advance. Published in St. Louis, Missouri.

The work embraces a difficult but interesting department of Medical Science. It is ably edited, and should be read by every scientific and progressive medical man.

PRACTICAL JOURNALISM.

It has been, and will hereafter be, our continued object to improve and develop the practical feature of our journal. We desire to make it a compendium of all that is practical and useful to the busy practitioner, and we have abundant testimony that our efforts are appreciated in the steady growth of our list, and in the numerous commendatory expressions which come up from the ranks of the profession. We intend that no retrograde step shall be taken in the future conduct of the journal, but rather that it shall improve; and shall more and more conform to the real interests and necessities of progressive and practical medical men. To this end we will endeavor to compass, in our gleanings from exchanges, the substance of all that is useful in both the home and foreign journals, and to elicit, from the large number of practical, common-sense men who make up our list of subscribers, South, West, East and North, such facts, discoveries, practical hints and useful formulæ as are in their possession, and which, from the want of

proper encouragement, and from the absence of a medium suited to their taste, have not heretofore been published. That we may be able to carry out this, we invoke the aid of our medical brethren, particularly of the common sense, hard-working, village and country physicians throughout the land. We ask them to send up any and everything which can, in any degree, interest the profession or benefit medical science.

PHARMACEUTICAL BOARD IN GEORGIA.

The following are the gentlemen constituting the Board under the new law, to-wit:

Edward Barry, Augusta; John Ingalls, Macon; J. S. Pember-ton, Atlanta; J. Zacharia, Columbus.

Physicians holding diplomas and have registered, are not required to undergo examination before the Board. It is sufficient to send their diplomas to any member of the Board, or to a friend who will attend to the matter for them.

Dr. J. Miller Fothergill on the use of Maltine, says, in London Practitioner: In order to aid the defective action upon starch by the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase "maltine." But, as Dr. Roberts points out, in order to make this ferment operative it must not be taken after a meal is over. Rather it should be added to the various forms of milk porridge or puddings before they are taken into the mouth. About this there exists no difficulty. Maltine is a molasses-like matter and mixes readily with the milk, gruel, etc., without interfering either with its attractiveness, or its toothsome-ness; indeed its sweet taste renders the gruel, etc., more palatable. A minute or two before the milky mess is placed before the child or invalid, the maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some maltine* mixed with it, before it is placed on the nursery table, we should hear much less of infantile indigestion and mal-nutrition.

Lady Pharmacists in Holland.—Notwithstanding the gallantry of the medical laws of Holland, lady students of pharmacy in that country have hitherto contented themselves with the diploma of pharmaceutical assistant. One of them, Mlle. Jacobs, has, however, lately conquered the higher grade of pharmacien.—*J. de Pharm d'Anvers.*

*BOOK NOTICES.***CYCLOPEDIA OF THE PRACTICE OF MEDICINE.—**

Edited by Dr. H. Von Ziemssen, Professor of Clinical Medicine in Munich, Bavaria. Vol. XX. New York: Wm. Wood & Co. McGarity & Laird, Agents, Atlanta, Ga.

The above, or twentieth volume, contains the general index of the entire series of this great work. The practitioner who obtains the twenty volumes of this work will have a complete library of the department of practice, including the important advances up to a recent period.

A PRACTICAL TREATISE ON HERNIA, by Joseph H. Warren, M. D., Member American Medical Association, British Medical Association, Massachusetts Medical Society, formerly Surgeon and Medical Director United States Army, etc., etc. Second and revised edition. Fully illustrated. Boston: Jas. A. Osgood & Co. London: Samson Low, Marston, Searle and Rivington, 1882.

An able and elaborate work of 442 octavo pages, embracing the following interesting subjects: 1st. Causation of Hernia—kinds and frequency of Hernia—Anatomy of Hernia—Operations for Hernia, Treatment, etc.—Klotomy or Herniotomy—Recent operations—Artificial Anus and Wounds of Intestines, Trusses, Hydrocele and Varicocele, Clinical Reports, etc.

WALSHE'S PHYSICIAN'S HANDY LEDGER, Published by Ralph Walshe, M. D., 332 C Street Northwest, Washington, D. C.

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R. C. WORD, M. D.

Managing Editor Southern Medical Record.

RECEIPIED.

1881.—Drs. J S Knott, S L Lockwood, T L Appleby, M N Odum, R M Canuth; J W McCaleb, E H Wright, H B Johnson, W T Gantier, S A Vinson, A C Crymes, W A Culbertson, W T Foute, J H McMullan, J B Foster, J F Earnest, N O Harris, E D Yates, J B Rutland, C S Priestly, J J Gage, F M Thomasson, J T Stephens.
1882.—Drs. O H Smith, W Barton, A Gullett. T P Oliver, L H Reed, J D Bowers, J C Beauchampe.

SPECIAL NOTICES.

Wm. R. Warner & Co.—This long established, reliable and popular house is so well and favorably known that it is unnecessary to commend it to the profession and to the trade. As manufacturing chemists they have become the pride of our country; their fame has crossed the Atlantic, and their preparations are admirable and the honor and reliability of the house is everywhere acknowledged.

PARKE, DAVIS & CO., Detroit, Mich.—This large, reliable and splendid establishment still maintains its high popularity, and is extending its active and thorough business operations to all sections of the Union, and even across the waters. The efforts of this house to introduce new and valuable medicinal agents from abroad, have proven eminently successful, and have resulted in adding many important articles to the armamentarium of the practitioner.

Dr. D. Cole, of Mankato, Minn., April 17th, 1881, in a note to Wm. F. Kidder, says:

Dear Sir—Noticing your advertisement of Hydroleine some six months ago, I concluded to give it a trial. Patient, married lady; age, 35 years; had been treated two years for consumption, with no benefit. Gradual wasting away. Had druggist send for Hydroleine, and prescribed it. Result: First four weeks, gained 3 pounds; second four weeks, gained 7 pounds; third four weeks, gained 14 pounds. Gained in twelve weeks, 24 pounds. Still doing well; cough nearly gone, general health good.

Worthy of Record.—The Powell Manufacturing Company, of Baltimore, the manufacturers of Powell's Beef, Cod Liver Oil and Pepsin, the superior food and nutritive tonic, have taken the true ground in the introduction of their valuable medicine, (which our leading practitioners are prescribing largely), by guaranteeing to the medical profession that they will not in any way advertise the Powell's Beef, Cod Liver Oil and Pepsin so that it will come under the head of a patent medicine.—*Exchange.*

DR. J. S. WELLFORD, of Richmond, Virginia, Professor of Diseases of women and children in the Medical College of Virginia: "I have paid a great deal of attention to urinary troubles, and have frequently and freely prescribed the LITHIA WATER in their treatment with the very best results. In all the forms of the Uric Acid Diathesis, whether as well-formed Gravel or Gout, or in the milder forms of Gouty Dyspepsia or Nettlerash in their various varieties, I know of no Mineral Water which I consider at all equal to that of Spring No. 2.

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BEDFORD ALUM AND IRON SPRINGS.—The advertisement of these Springs may be seen in another part of this Journal, and should be carefully read. The Editors have tested its virtues. It is an excellent remedy in hemoptisis, or as an anti hemorrhagic in any case, especially of a passive character. As an injection in gleet, gonorrhoea, leucorrhoea, etc., it is highly useful. As a gargle in ulcerated sore throat it is very efficacious. In chronic diarrhoea it is often useful, and given in small doses, in the night sweats of phthisis it has been found an excellent remedy.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to A. A. DELLIER, 709 Washington Avenue, St. Louis, Mo.

CELERINA.—As a nerve tonic in low and depressed states of the system, this preparation is highly commended. In sexual debility, in urethral and bladder affections and in the nervous prostration resulting from the abuse of tobacco, opium, etc., it is highly useful. Try it.

JOHNSTON'S FLUID BEEF is an article that can be safely recommended as a concentrated natural agent. We have tried it in low states of the system and found it an admirable article. In the diarrhoeas of infants, wherein the child is taken from the breast, and is dying of inanition, a little of this fluid beef has been known to support the child and save life. Try it.

HYDROLEINE.—The advertisement of this valuable preparation may be found in this Journal. As a substitute for Cod-Liver Oil in lung affections it is likely to have a fine run. The formula is published upon the labels, and will at once impress any practitioner in its favor, as well adapted to consumption and other wasting diseases.

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It is usually given in tablespoonful doses after each meal, with an equal quantity of water or wine, or alone, as it is most pleasant and agreeable to the taste.

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Dose: One or two teaspoonfuls THREE or MORE times a day as indicated.

Each fluid drachm represents three and one-half grains each—Celery, Coca and Viburnum, combined with Aromatics.

CELERINA is THE Nerve Tonic SANS PAREIL. It REFRESHES THE TIRED BRAIN, and imparts tone and vigor to the entire nervous system; therefore, it is of the **UTMOST VALUE** in nervous Exhaustion, Sexual Debility, Paralysis, Dysmenorrhea, Spermatorrhea, Hysteria, Chorea, Weakness of old age, and all **LANGUID** conditions of the system.

After giving Celerina a fair trial, I have found that, as a Nerve-Tonic and Vital Reconstructor, it is what it claims to be.

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I have given Celerina a fair test in two cases of debility resulting from sexual excess, and am much pleased with its action. In one of the cases, the Dyspepsia, which was a prominent complication, was also cured by its use.

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Sept.—1881.

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(2 grains of the Quinine to the tablespoonful).

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COCA BEEF TONIC embodies the nutritive elements of the muscular fibre, blood, bone and brain of carefully-selected healthy bullocks, in combination with an assured quality, a point of the greatest importance) of Coca. Each tablespoonful represents in solution in a superior grade of Amontillado (sherry) the nutritive elements of one ounce of choice beef and the equivalent of two grains of Coca. Coca Beef Tonic with Citrate of Iron, in addition to the ingredients just named, also represents two grains of the Citrate of Iron, in each tablespoonful; whilst the Coca Beef Tonic with Quinine represents three grains of the latter in each tablespoonful. Formula on bottles.

Coca Beef Tonic is a reconstructor, force-generator and revitalizer of broken-down constitutions whether consequent upon exhausting fevers or other acute forms of disease or the result of overwork, worry, debilitating chronic ailments, impaired and defective assimilation, etc. As a nerve-tonic, in Neurasthenia and other forms of nervous depression, it may be safely claimed as unequalled. It will be found of value as an adjuvant in low fevers, malarial poisoning, marasmus, imperfect nutrition, debility and lowered vitality of infants and children, anæmic conditions, chorea, hysteria, hypochondriasis, laryngeal paresis, weak voice of public speakers, singers, actors, clergymen, etc., in gastric and non-inflammatory cardiac affections, leucæmia, leucocythæmia, melanæmia, chlorosis, paraplegia, hemiplegia, dyspepsia, diphtheritic paralysis, epilepsy. As an aid and facilitator of convalescence it has earned a high reputation; as a sustenance in summer complaints it is with each recurring season becoming more and more appreciated. It gives renewed tone and strength to the aged and infirm, and it will be found to be a real nutritive, reconstructive tonic. In loss of male virility its effects are astonishing.

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THE COD-LIVER OIL used is of the finest quality, being the virgin drippings of fresh livers, which is so well known to the profession as a remedy for scrofula, all the forms of idiopathic strumous, caries, rachitis, white swelling, chronic arthritis, fistulae, lupus vulgaris, impetigo, psoriasis, and kindred diseases.

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September, 1881.

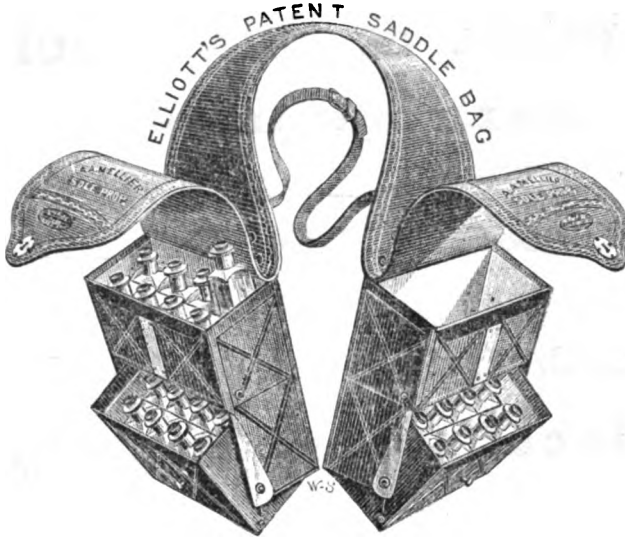
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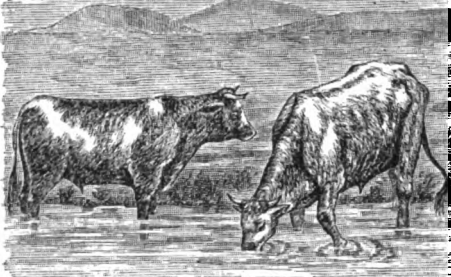
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FLUID BEEF

of Meat the Albuminous principles remain, and the certainly a great disadvantage."

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Moisture.....	36.14	
Albumen and Gelatine	21.81	Nitrogenous or Flesh forming Food.
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[From Commissioner A. Brunel's report to the Minister of Internal Revenue, on the adulteration of food in Canada, in 1880.]

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"I have for some time made use of the Buffalo Lithia Water in cases of affections of the Nervous System, complicated with Bright's Disease of the Kidneys, or with a Gouty diathesis. The results have been eminently satisfactory. Lithia has for many years been a favorite remedy with me in like cases, but the Buffalo Water certainly acts better than any extemporaneous solution of the Lithia salts, and is, moreover, better borne by the stomach. I also often prescribe it in those cases of Cerebral Hyperemia, resulting from over mental work—in which the condition called Nervous Dyspepsia exists—and generally with marked benefit."

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3. The Quality of their Contents. They are filled with ingredients of the very finest quality obtainable. We invite the closest scrutiny of their contents, and physicians who specify our brand in their prescriptions need have no apprehension on this point.

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Cod Liver Oil, 5 grams.

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Oil of Eucalyptus, 5 gts., with Sweet Almond Oil q.s. add 10 m.

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